MARYLAND STATE DEPARTMENT OF HEALTH

02478

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

V.S. A15

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parole-Annapolis
LENGTH OF STAY (in this place) 4 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3 Hicks Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) 3 Hicks Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Archer	Earl	Allen	3/22/1953 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	Colored	Widowed	3/2/1890	63 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Minister	None	Chata, Canada	U.S. A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Alfred Allen	Victoria Marshall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	None	Rev. John Chambers-2 Hicks Ave. Annapolis Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

ICD X

Immediate cause (a) Uremia — 1 wk.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of Kidney — 6 mo.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Sept 3, 1952, to Mar 22, 1953, that I last saw the deceased alive on March 22, 1953, and that death occurred at 4:20 P. m., from the causes and on the date stated above.

SIGNATURE Hector K. Johnson M.D. (Degree or title) ADDRESS 40 Northwest Street Annapolis, Md. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal & Burial	3/26/1953	Highland Park Cemetery	Cleveland, Ohio

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
March 24, 1953	[signature]	Ethel L. Hicks	43-45 Northwest St. Annapolis Md.

RECEIVED
MAR 27 1972
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

62479

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Anne Arundel; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: P.O.severna Park
LENGTH OF STAY (In this place): 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Riverdale

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Same; COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Same
STREET ADDRESS (If rural, give location): Same

3. NAME OF DECEASED (Type or Print): (First) Alexander (Middle) Briscoe (Last) Baker

4. DATE OF DEATH: (Month) (Day) (Year) March 29-1953 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 5/22/II

9. AGE last birthday: 4I yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Driver and Salesman

10b. KIND OF BUSINESS OR INDUSTRY: for Suburban B.Co.

11. BIRTHPLACE (State or foreign country): Baltimore,Md.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Alexander B.Baker

14. MOTHER'S MAIDEN NAME: Betha M.Gough

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 213-03-3459

17. INFORMANT AND ADDRESS: Mrs.Dolores Baker,Wife.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a): Internal hemorrhage due to self inflict-

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b): ed wound, through the 5th intercostal space

976X

with a bullet 20 gauge, from a shot gun. Sudden

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home
(CITY OR TOWN) (COUNTY) (STATE): P.O.Severna Park,A.A. Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): 3/28/53 4 P.M.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR?: Suicide.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE: Chester K Rauch MD
(Degree or title): Deputy Medical Examiner.
ADDRESS: Glen Burnie,Md.
DATE SIGNED: 3/30/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: April 1-53
NAME OF CEMETERY OR CREMATORY: Founders Park Cem.
LOCATION (City, town, or county) (State): Frederick Rd Baltimore Md

DATE REC'D BY LOCAL REG.: 3/31/53
REGISTRAR'S SIGNATURE: Louis J D'Alba

24. FUNERAL DIRECTOR: Edward G Fink
ADDRESS: Glen Burnie Md

V&S A15A

RECEIVED
APR 1 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12480

CERTIFICATE OF DEATH

Reg. Dist. No. 25

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH: Anne Arundel
COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Brooklyn Park
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5100 Brookwood Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Balto (Anne Arundel)
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklyn Park
STREET ADDRESS (If rural, give location) 5100 Brookwood Rd

3. NAME OF DECEASED: (Type or Print) (First) Augusta (Middle) Dorothy (Last) Barnes

4. DATE OF DEATH: (Month) Mar (Day) 29th (Year) 1953 5:30 a.m.

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 6/27/1888
9. AGE last birthday: 64 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Louis N. Heldman
14. MOTHER'S MAIDEN NAME: Julia Weber

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Louis Barnes 5100 Brookwood Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
331X
Immediate cause (a) Cerebral Hemorrhage (due to) — Interval between onset and death: 5 days
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) rupture of left lenticulo striate artery — unknown
DUE TO
(c) Hypertension

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 24 Mar, 1953, to 29 Mar, 1953, that I last saw the deceased alive on 29 Mar, 1953, and that death occurred at 5:30 P.M., from the causes and on the date stated above.
SIGNATURE Marvin H. Davis M.D. (DEGREE OR TITLE) MARVIN H. DAVIS, M.D.
ADDRESS 5004 RITCHIE HIGHWAY BALTIMORE 25, MD
DATE SIGNED 30 Mar 53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 4/1/53
NAME OF CEMETERY OR CREMATORY: Cedar Hill
LOCATION (City, Town, or County) (State): A.A.Co. Md.
DATE REC'D BY LOCAL REG. 3/31/53
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR: Wm Cook Inc.
ADDRESS: 1217 St. Paul St.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02481

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY ANNE ARUNDAL — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS Annapolis, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Anne Arundel

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural

STREET ADDRESS (If rural, give location) Annapolis

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month) (Day) (Year)
Patrick	S.	Beere	March 6, 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married	Feb. 1, 1886	67 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Auditor	State Of Md.	Baltimore, Md.	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Michael Beere	Mary Chlosey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
// ??	? ? ?	Mrs. Ethel Beere 2 Randall Place Annapolis, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
420.1 Immediate cause	(a) Coronary occlusion	15 min
	DUE TO	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	
	DUE TO	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒
—	—	

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
—	—	—		

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on 3/4....., 1953, and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
Frank M. Shipley	M.D.	Annapolis,	3/6/53

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Mar. 10, 53	New Cathedral	Balto. Md.

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/9/53	A.W. Hedrick	John A. Moran	3000 E. Balto. St. 24

Fund
Surveys

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02482

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

V8-A15 8-51

1. PLACE OF DEATH:
COUNTY A. A. Co. MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel Co. Gen'l. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Round Bay
STREET ADDRESS (If rural, give location) Severn River Rd.

3. NAME OF DECEASED: (Type or Print) (First) Maggie (Middle) B.uffington (Last) Bixler

4. DATE OF DEATH: (Month) Mar. (Day) 6 (Year) 19 53

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	widowed	Oct. 1, 1864	88 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Dr. John F. Buffington
14. MOTHER'S MAIDEN NAME: Annie Thorburn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) - (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mr. T. A. Bixler - Round Bay, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
572.1 Immediate cause	(a) Aspiration Pneumonia	1 d.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Paralytic ileus	1 mon.
	(c) DUE TO Diverticulitis of Colon	1 mon.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19 51, to 3/6/53, 19 53, that I last saw the deceased alive on 3/6/53 19....., and that death occurred at 5:00 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Frank M. Shipley, M.D. Annapolis, Md. 3/6/53

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/9/53	Woodlawn Cem.	Woodlawn, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
March 7. 1953	R.W.	Wm. J. Tickner & Sons	Balto 17, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. ____

1. PLACE OF DEATH: COUNTY Anne Arundel — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Burnie — LENGTH OF STAY (In this place) —
HOSPITAL OR INSTITUTION OR STREET ADDRESS Dorsey Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY AA
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Severna Park
STREET ADDRESS (If rural, give location) Avondale Circle

3. NAME OF DECEASED (Type or Print): (First) Raymond (Middle) Cecil (Last) Brittingham, Jr.

4. DATE OF DEATH: (Month) Mar (Day) 25 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 15 June 1918

9. AGE last birthday: 34 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): U. S. Air Force Officer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Hampton, Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Raymond Cecil Brittingham

14. MOTHER'S MAIDEN NAME: Eleanor Copeland Wood

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW II

16. SOCIAL SECURITY No.: ?

17. INFORMANT AND ADDRESS: Hq AUDC, Baltimore, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Multiple injuries due to airplane crash — Interval Between Onset and Death: Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☒ No ☐

21. WAS ACCIDENTAL CAUSE PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Dorsey Rd — (CITY OR TOWN): Glenn Burnie — (COUNTY): AA — (STATE): Md

TIME OF INJURY: (Month) Mar (Day) 25 (Year) 53 (Hour) 749 PM — INJURY OCCURRED While at work ☒ Not while at work ☐ — HOW DID INJURY OCCUR? Airplane crash

22. I certify that I took charge of the remains described above and held an Autopsy ☒ Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE: Gustave H. Bauhan M.D. — (Degree or title): Deputy Medical Examiner — ADDRESS: Glenn Burnie, Md — DATE SIGNED: 3-26-53

DISPOSITION: Removed — DATE THEREOF: 3-30-53 — NAME OF CEMETERY OR CREMATORY: West Point Academy Cem — LOCATION (City, town, or county): West Point — (State): New York

DATE RECEIVED BY LOCAL REG.: 3/26/53 — REGISTRAR'S SIGNATURE: J. J. DeAlba — 24. FUNERAL DIRECTOR: In Transit — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct and especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
1953

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

02184

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crownsville
LENGTH OF STAY (In this place): 3 Mos. 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Baltimore City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore City
STREET ADDRESS (If rural, give location): 924 Fulton Avenue

3. NAME OF DECEASED (Type or Print): (First) Neal (Middle) (Last) Brown

4. DATE OF DEATH: (Month) 3 (Day) 18 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 1929?

9. AGE last birthday: 24? yrs. If under 1 year: Months — Days — If under 24 hrs: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: John Brown

14. MOTHER'S MAIDEN NAME: Esther Mae Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WWII

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Asphyxia - by hanging

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Psychosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION: - - - -

19b. MAJOR FINDINGS OF OPERATION: - - - - - - - - - - - - - - - - - -

20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Hospital

(CITY OR TOWN) (COUNTY) (STATE): Waco Ned

TIME OF INJURY (Month) (Day) (Year) (Hour): 3 18 53 A m.

INJURY OCCURRED While at work ☐ Not while at work ☑

HOW DID INJURY OCCUR?: Hanging

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐.*

SIGNATURE: [signature] (Degree or title): M.D. ADDRESS: [illegible] DATE SIGNED: 3/19/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 3-23-1953 — NAME OF CEMETERY OR CREMATORY: Lincoln — LOCATION (City, town, or county) (State): Portsmouth, Va.

DATE REC'D BY LOCAL REG.: March 21 1953 — REGISTRAR'S SIGNATURE: R.W.

24. FUNERAL DIRECTOR: William Reese, II — ADDRESS: 108 N. Washington St. Annapolis, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 20

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Davidsonville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Davidsonville
STREET ADDRESS (If rural, give location) Leva Road

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Thomas	W	Brown	3	7	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hr: Hours	Min.
Male	Negro	Married	3-27-1922	30 yrs.	11	10		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Mechanic	H. Meade	Davidsonville, Md.	U.S.A.

13. FATHER'S NAME: George Brown
14. MOTHER'S MAIDEN NAME: Mamie Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Yes	W W II	579-20-2114	Alice Brown Davidsonville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Crushing injury to chest

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Highway	(CITY OR TOWN)	(COUNTY)	(STATE)
			A.A.Co.	Md

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR?
3	7	53	2 p.m.		Auto accident

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection ✓, Inquiry ___ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ___, accident ✓, suicide ___, homicide ___, undetermined ___.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Chas Lust	MD	Annapolis, Md	3/6/53.

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	3-11-53	Davidsonville	Davidsonville	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	FUNERAL DIRECTOR	ADDRESS
March 9, 1953.	Carrie J. Litt, Reg. 3-10-53	William Reese, II	108 St. Washington St. Annapolis, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02486

CERTIFICATE OF DEATH

Reg. Dist. No. 28

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY: Anne Arundel — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crownsville
LENGTH OF STAY (in this place): 13 yrs. 1½ mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rockville
STREET ADDRESS (If rural give location): Unknown

3. NAME OF DECEASED: (Type or Print) (First) Rosa (Middle) (Last) Butler
4. DATE OF DEATH: (Month) 3 (Day) 3 (Year) 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	Negro	Widow	1865?	88? yrs.	—	—	—	—

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Domestic	Unknown	Virginia	U. S.

13. FATHER'S NAME: Sander West
14. MOTHER'S MAIDEN NAME: Irene Brown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
No	— — — —	— — — — — —	Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

490X
Immediate cause (a) Lobar Pneumonia — Interval Between Onset And Death: 1 day
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility — Known to us since 1/22/40

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
— — — —	— — — — — — — — — — — — — — —	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
— — — — —	— — —	— — — — — — — — — —		

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
— — — — m.		— — — — — — — — — — — —

22. I hereby certify that I attended the deceased from 1/21/53, 19 , to 3/3 , 19 53, that I last saw the deceased alive on 3/3, 19 53 and that death occurred at 3:55 p.m.; from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Faye W Allen	M.D.	Crownsville, Md.	3/3/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	March 3/53	Forest Park	Rockville	Md

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3-3-53	H M Joyce	Robert D. Snouder	Rockville Md

V 9 AUG 47

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 24

02187

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Round Bay - A.A. Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Severna Park RD - | LENGTH OF STAY (in this place) 7 years.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Round Bay. -

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Round Bay, Severn, Md. COUNTY A.A. Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Severn Park RD.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Leah - (Middle) (Last) Carey.

4. DATE OF DEATH: (Month) 3- (Day) 20 (Year) 1953

5. SEX: Female - | 6. COLOR OR RACE: Wht. | 7. SINGLE, (MARRIED,) WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH: Oct. 11, 1869 | 9. AGE last birthday: 83 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home | 10b. KIND OF BUSINESS OR INDUSTRY: Domestic | 11. BIRTHPLACE (State or foreign country): Wales. — | 12. CITIZEN OF WHAT COUNTRY? Canada —

13. FATHER'S NAME: John Lloyd. | 14. MOTHER'S MAIDEN NAME: Margaret Evans.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no | 16. SOCIAL SECURITY NO. — | 17. INFORMANT: Mrs Leroy Harris - (daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1 Immediate cause (a) Cardio-Vascular Disease — Interval Between Onset and Death: 5 years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: None | 19b. MAJOR FINDINGS OF OPERATION — | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): no | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — | (CITY OR TOWN) — | (COUNTY) — | (STATE) —

TIME OF INJURY (Month) — (Day) — (Year) — (Hour) — m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Jan 45, to March 20, 53, that I last saw the deceased alive on March 20, 1953, and that death occurred at 10 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): James S. Bellengolia M.D | ADDRESS: 108 Central Ave Glen Burnie Md | DATE SIGNED: March 20, 1953

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) | DATE THEREOF: 3-23-53 | NAME OF CEMETERY OR CREMATORY: Cedar Bluff | LOCATION (City, town, or county): Annapolis | (State): Md

DATE REC'D BY LOCAL REG.: March 22, 1953 | REGISTRAR'S SIGNATURE: L. J. De Alba | 24. FUNERAL DIRECTOR: John M. Taylor Sons | ADDRESS: Annapolis Md.

VS. A15

RECEIVED
MAR 30 1953
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02188

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH: COUNTY Anne Arundel; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 91 Shipwright St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis; STREET ADDRESS (If rural, give location) 91 Shipwright St.

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) B. (Last) Carr

4. DATE OF DEATH: (Month) March (Day) 16 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, ~~DIVORCED~~, (Specify):

8. DATE OF BIRTH: Dec. 23, 1860

9. AGE last birthday: 92 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): [illegible]

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Noah Carr

14. MOTHER'S MAIDEN NAME: Harriett Clayton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Clayton Carr Annapolis, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
422 / Immediate cause	(a) Myocarditis & Myocardial	3 years
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pneumonia	Short
	(c) Arteriosclerosis, Senile	years.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Gangrene foot (bilateral)	1 Month.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

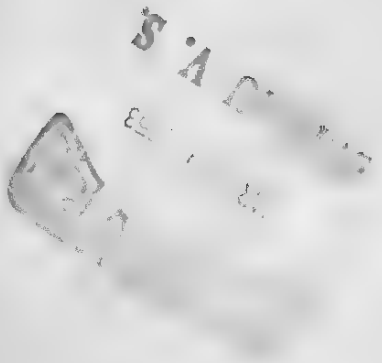
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept., 19 52, to March 16, 19 53, that I last saw the deceased alive on March 16, 19 53, and that death occurred at 9 P. m., from the causes and on the date stated above.

SIGNATURE: George C. Revell (Degree or title) M. D. ADDRESS: Annapolis Md. DATE SIGNED: 3-17-53

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify): DATE THEREOF 3-19-1953; NAME OF CEMETERY OR CREMATORY: St. Anne's; LOCATION (City, town, or county) (State): Annapolis, Md.

DATE REC'D BY LOCAL REG.: March 18, 1953; REGISTRAR'S SIGNATURE: [illegible] B.W.; 24. FUNERAL DIRECTOR: John B. Taylor & Son; ADDRESS: Annapolis, Md.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (2189)

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis,
LENGTH OF STAY (in this place) 13 da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel Gen Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riva
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) (Last) Carter

4. DATE OF DEATH: (Month) Mar. (Day) 13 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 9 1881

9. AGE last birthday: 71 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Govt. Navy Dept.

11. BIRTHPLACE (State or foreign country): Baltimore Maryland

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: William Carter

14. MOTHER'S MAIDEN NAME: Unk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) —
(If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: 578-12-6141

17. INFORMANT & ADDRESS: Rosie T. Carter. Riva, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
446X Immediate cause	(a) Congestive heart failure & pulmonary edema	4 hrs
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) uremia & nephrosclerosis	2 wks.
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Prostatectomy & chronic pyelitis

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 19 49, to Mar. 13 1953, that I last saw the deceased alive on Mar. 13, 1953, and that death occurred at 10 20 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) J. Bowers M.D. ADDRESS Annapolis Md DATE SIGNED 3/14/53

23. BURIAL, CREMATION, REMOVAL (Specify): DATE THEREOF 3-16-53 NAME OF CEMETERY OR CREMATORY Ft Lincoln Cem LOCATION (City, town, or county) (State) Prince Geo. Co. Maryland

DATE REC'D BY LOCAL REG. March 14, 1953 REGISTRAR'S SIGNATURE J. V. Brown

24. FUNERAL DIRECTOR The A.H. Davis Co ADDRESS 2401-14th St. N.W. D.C.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

62490

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis; LENGTH OF STAY (in this place) MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis; STREET ADDRESS (If rural, give location) 35 Franklin St.

3. NAME OF DECEASED (Type or Print): (First) Gregory (Middle) A. (Last) Characklis

4. DATE OF DEATH: (Month) March (Day) 16 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify)

8. DATE OF BIRTH: March 9, 1903

9. AGE last birthday: 50 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Restaurant Owner

10b. KIND OF BUSINESS OR INDUSTRY: Restaurant

11. BIRTHPLACE (State or foreign country): Greece

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Arthur Characklis

14. MOTHER'S MAIDEN NAME: Anna Foundas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Artemis Characklis Annapolis, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: 2 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) coronary Sclerosis — 1 year

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 19 52, to March 16, 19 53, that I last saw the deceased alive on March 16, 19 53, and that death occurred at 8:30 p.m., from the causes and on the date stated above.

SIGNATURE: George C Basil (Degree or title) M. D. ADDRESS: Annapolis Md DATE SIGNED: 3-17-53

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF 3-19-1953 | NAME OF CEMETERY OR CREMATORY Cedar Bluff | LOCATION (City, town, or county) Annapolis (State) Md.

DATE REC'D BY LOCAL REG. March 18, 1953 | REGISTRAR'S SIGNATURE [illegible] | 24. FUNERAL DIRECTOR John M. Taylor & Son ADDRESS Annapolis, Md.

VS. A-5

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]91

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A1 8-53

1. PLACE OF DEATH:
COUNTY A. A. — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Lothian
LENGTH OF STAY (in this place) 50 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY A A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lothian Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Reginald (Last) Clayton

4. DATE OF DEATH: (Month) March (Day) 9 (Year) 1953

5. SEX: M

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: June 2

9. AGE last birthday: 64 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Storekeeper

10b. KIND OF BUSINESS OR INDUSTRY: General Store

11. BIRTHPLACE (State or foreign country): Owensville Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William L. Clayton

14. MOTHER'S MAIDEN NAME: Maggie Chew

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) no

16. SOCIAL SECURITY NO.: 214052789

17. INFORMANT'S ADDRESS: Lydia P. Clayton, Lothian Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 420.1 — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Arteriosclerotic vascular disease

DUE TO

(c) hypertension

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-1, 1953, to 3-1, 1953, that I last saw the deceased alive on 3-1, 1953, and that death occurred at 3:30 P m., from the causes and on the date stated above.

SIGNATURE Emily H. Wilson (DEGREE OR TITLE) M.D. ADDRESS Lothian, Md. DATE SIGNED 3-10-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 3/11/53 — NAME OF CEMETERY OR CREMATORY Mt Zion — LOCATION (City, town, or county) (State) Lothian Md

DATE REC'D BY LOCAL REG. March 10, 1953 — REGISTRAR'S SIGNATURE Edward Colleman

24. FUNERAL DIRECTOR Hardesty Funeral Home ADDRESS Edgewood Md

RECEIVED
12 1953
KITSAP V

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

02192

Reg. Dist. No. 2 5

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL) OR TOWN: Crownsville
LENGTH OF STAY (in this place): 2 yrs. 3 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland
COUNTY: Baltimore City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore City
STREET ADDRESS (If rural give location): 924 N. Caroline Street

3. NAME OF DECEASED: (First) Henrietta (Middle) (Last) Collins
4. DATE OF DEATH: (Month) 3 (Day) 2 (Year) 1953
5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 3/14/80
9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: Unknown
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME: Robert Bennett
14. MOTHER'S MAIDEN NAME: Rebecca Meyers
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
491x
Immediate cause (a) Bronchopneumonia — Interval Between Onset And Death: 1 day
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Heart Disease — Known to us since 12/8/50

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/1/ ,1953, to 3/2 ,1953, that I last saw the deceased alive on 3/2 ,1953, and that death occurred at 8:35 a.m., from the causes and on the date stated above.

SIGNATURE: Arnold J. Eichert M.D. (Degree or title)
ADDRESS: Crownsville, Md.
DATE SIGNED: 3/2/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: March 6/53
NAME OF CEMETERY OR CREMATORY: Mt. Zion Cemetery
LOCATION (City, town, or county) (State): Westport, Md.
DATE REC'D BY LOCAL REGISTRAR: 3/7/53
REGISTRAR'S SIGNATURE:
24. FUNERAL DIRECTOR: Mrs. Ott. G. Elliott & Daughter
ADDRESS: 1129 N. Caroline St.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Winkelee; MARYLAND; LENGTH OF STAY (In this place) 5 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS East Bound - North Bound Lane of Rte 1 Highway

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY A-A.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hambells; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Bilbie (Middle) Raloa (Last) Cox

4. DATE OF DEATH: (Month) March (Day) 27 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~ (Specify): Married

8. DATE OF BIRTH: 1/6/15

9. AGE (last birthday): 38 yrs. If under 1 year: Months; Days; If under 24 hours: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Road-Dozer Operator

10b. KIND OF BUSINESS OR INDUSTRY: Construction

11. BIRTHPLACE (State or foreign country): Verona West Va

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles W. Cox

14. MOTHER'S MAIDEN NAME: Mary Jane Bragg

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 212-18-9160

17. INFORMANT AND ADDRESS: Helen C. Cox Hambells Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Fracture of skull - Laceration of scalp.

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fracture of neck. Comp. fracture of

(c) left leg. - Fractures of left hip and right wrist.

INTERVAL BETWEEN ONSET AND DEATH: Instant

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT, SUICIDE OR HOMICIDE? DID INJURY OCCUR IN OR AS A RESULT OF: MAJOR CAUSE OF DEATH X OR CONTRIBUTING: PLACE (Home, farm, factory, street, office bldg., etc.) Road Right of Way; (CITY OR TOWN) Winkelee; (COUNTY) A-A.; (STATE) Md.

TIME OF INJURY: (Month) 3 (Day) 27/53 (Year) (Hour) 1.30 P. m. INJURY OCCURRED While at work X Not while at work ☐

HOW DID INJURY OCCUR? Bull dozer turned over - and was pinned under.

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE: Lucretane B. Fowler M.D. (Degree or title) Deputy Medical Examiner. ADDRESS: Glen Burnie Md. DATE SIGNED: 3/27/53

CREMATION (Specify): ——— DATE THEREOF: 3-30-53 NAME OF CEMETERY OR CREMATORY: Patuxent Cemt LOCATION (City, town, or county): Patuxent (State): Md

DATE RECD BY LOCAL REGISTRAR: March 30, 1953 REGISTRAR'S SIGNATURE: H. C. Wood D.R. 24. FUNERAL DIRECTOR: John M. Taylor Sons ADDRESS: Annapolis Md.

MARGIN RESERVED FOR BINDING

ASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully and correct as ...ssible. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]494

CERTIFICATE OF DEATH

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15 8-51

1. PLACE OF DEATH:
COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Anne Arundel General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
STREET ADDRESS (If rural, give location): 622 2nd St.

3. NAME OF DECEASED (Type or Print): (First) SARAH (Middle) (Last) CROWDY

4. DATE OF DEATH: (Month) March (Day) 1 (Year) 1953

5. SEX: F

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: Aug. 8 1910

9. AGE last birthday: 42 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Annapolis Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James H. Green

14. MOTHER'S MAIDEN NAME: Sarah Tyler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No

16. SOCIAL SECURITY No.: (If Yes, give war or dates of service): None

17. INFORMANT & ADDRESS: Arthur Crowdy - Annapolis, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Ac. Congestive Heart Failure with pulmonary Edema	6 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Ac. Nephrosis	2 wks.
	DUE TO (c) Chr. Nephrosis	?

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Ac. Virus Infection; Terminal B. Pneumonia

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 15, 1953, to Mar. 1, 1953, that I last saw the deceased alive on 3/1, 1953, and that death occurred at 1 P. m., from the causes and on the date stated above.

SIGNATURE: Maurice F. Linthicum, (DEGREE OR TITLE) MD ADDRESS: Annapolis Md DATE SIGNED: 3/1/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 3-5-1953

NAME OF CEMETERY OR CREMATORY: Brewer Hill

LOCATION (City, town, or county) (State): Annapolis Md.

DATE REC'D BY LOCAL REG.: 3/3/53

REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR ADDRESS: William Reese & Co. 108 W. Washington St. Annapolis, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02495

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY A A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis Md
LENGTH OF STAY (in this place) MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS A A Gen Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY A A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural give location) 123 Rockwood Ave

3. NAME OF DECEASED: (Type or Print) (First) Edith (Middle) Mary (Last) Critchley

4. DATE OF DEATH: (Month) 3 (Day) 14 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify):

8. DATE OF BIRTH: Sept 1901

9. AGE last birthday: 51 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): House-wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Calvert Co. Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank Hutchins

14. MOTHER'S MAIDEN NAME: Mary P Norfolk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: John Critchley 401 Spa

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

416x

Immediate cause (a) Rheumatic Heart Disease — 5 Yrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/2/, 1952 to 3/17, 1953, that I last saw the deceased alive on 3/17, 1953, and that death occurred at 7:30 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Frank M Shipley M.D. Annapolis 3/18/53

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)

Cedar Hill Cem. Annapolis, Md

DATE REC'D BY LOCAL REGISTRAR March 20, 1953

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS

John M Taylor & Son Annapolis, Md

RECEIVED
MAR 23 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02496

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Parole
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Home Port Farm

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Parole
STREET ADDRESS (If rural, give location): Home Port Farm

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print): ELEANOR HUNTING DAVIS

4. DATE OF DEATH: (Month) (Day) (Year): MARCH 16, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: June 15, 1885

9. AGE last birthday: 67 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Eben B. Hunting

14. MOTHER'S MAIDEN NAME: Laura Sisco

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): nO
(If Yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Mr. Leslie C. Davis Husband same as #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

Immediate cause — (a) Coronary occlusion — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) — DUE TO — (c)

INTERVAL BETWEEN ONSET AND DEATH: 1 hr.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from —, 19....., to —, 19....., that I last saw the deceased alive on —, 19....., and that death occurred at 1/4 P. m., from the causes and on the date stated above.

SIGNATURE: Frank M. Shipley (DEGREE OR TITLE) M.D. ADDRESS: Annapolis, Md. DATE SIGNED: 3/18/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: March 19, 53

NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery

LOCATION (City, or town, or county) (State): Arlington, Va.

DATE REC'D BY LOCAL REG.: March 18, 1953

REGISTRAR'S SIGNATURE: [signature] B.W.

24. FUNERAL DIRECTOR: Ben L. Hopping and Son ADDRESS: Annapolis, Md.

1101

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 1219

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Severn; LENGTH OF STAY (In this place) 37 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Odenton; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Thomas (Last) Sims

4. DATE OF DEATH: (Month) March (Day) 19 (Year) 1953

5. SEX: M.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify): Married

8. DATE OF BIRTH: 11/3/66

9. AGE last birthday: 76 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Forest Warden (Retired)

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Odenton, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Josiah L. Sims

14. MOTHER'S MAIDEN NAME: Mary Jane Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 216-03-9768

17. INFORMANT AND ADDRESS: Mrs. Russell J. Sims (son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420 1

Immediate cause (a) Coronary Occlusion — Interval Between Onset and Death: Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY —

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? —

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident , suicide , homicide , undetermined .*

SIGNATURE: Gustave K. Faulenbach M.D. (Degree or title) Deputy Medical Examiner ADDRESS Glen Burnie, Md. DATE SIGNED 3/19/53

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL; DATE THEREOF: 3/22/53; NAME OF CEMETERY OR CREMATORY: FRIENDSHIP; LOCATION (City, town, or county) (State): A.A. Co.

DATE REC'D BY LOCAL REG. 3/21/53; REGISTRAR'S SIGNATURE: L J. D'Alba

24. FUNERAL DIRECTOR: R. V. Singleton; ADDRESS

VS. A15A

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02498

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

1. PLACE OF DEATH: COUNTY Anne Arundel; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS A.A. General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY A.A.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) George; (Middle) ; (Last) Diggs

4. DATE OF DEATH: (Month) 3; (Day) 20; (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S

8. DATE OF BIRTH: 2-26-1911

9. AGE last birthday: 42 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor

10b. KIND OF BUSINESS OR INDUSTRY: Construction

11. BIRTHPLACE (State or foreign country): Annapolis

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Diggs

14. MOTHER'S MAIDEN NAME: Ella Stelle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 212-16-0702

17. INFORMANT AND ADDRESS: Howard Diggs - Davidsonville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

41-2 X

Immediate cause (a) Bronchopneumonia — Interval Between Onset and Death: 2 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Viral pneumonia — 2 days

(c) Acute Congestive Failure — 2 days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —; PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.); (CITY OR TOWN); (COUNTY); (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. —; INJURY OCCURRED While at Work ☐ Not While At work ☐; HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/19/, 1953, to 3/20/, 1953, that I last saw the deceased alive on 3/20/, 1953, and that death occurred at 3 A m., from the causes and on the date stated above.

SIGNATURE: Frank M. Shipley (Degree or title) M.D. ADDRESS: Annapolis DATE SIGNED: 3/21/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: 3-22-53; NAME OF CEMETERY OR CREMATORY: Woodlawn Chapel; LOCATION (City, town, or county): Beat Dale; (State): Md.

DATE REC'D BY LOCAL REG.: March 21 1953; REGISTRAR'S SIGNATURE: R.W.

24. FUNERAL DIRECTOR: William Leary; ADDRESS: 108 N. Washington St. Annapolis, Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (2249)

CERTIFICATE OF DEATH

Reg. Dist. No. ....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 PLACE OF DEATH:
COUNTY ANNE ARUNDEL MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN GLEN BURNIE
LENGTH OF STAY (in this place) 21
HOSPITAL OR INSTITUTION OR STREET ADDRESS 105 THIRD AVE., S. W.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN GLEN BURNIE.
STREET ADDRESS (If rural give location) 105 THIRD AVE., S.W.

3. NAME OF DECEASED: (First) Minnie (Middle) (Last) Egle
(Type or Print)

4. DATE OF DEATH: (Month) 3 (Day) 31 (Year) 1953

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: AUG. 19, 1884
9. AGE last birthday: 68 yrs.
IF UNDER 1 YEAR: Months ... Days ...
IF UNDER 24 HRS: Hours ... Min. ...

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: HOUSEWORK
10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME
11. BIRTHPLACE (State or foreign country): LATVIA
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: GREDSON
14. MOTHER'S MAIDEN NAME: LOUISA VON KNIGGE,

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO
(If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: NONE
17. INFORMANT & ADDRESS: CALVIN EGLE 105 THIRD AVE., S.W. GLEN BURNIE, MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) ..... Lobar pneumonia
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) ... Carcinoma lung, left.
DUE TO

(c) ...

Interval Between Onset And Death: 3 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-26, 1952 to 3-31, 1953, that I last saw the deceased alive on 3-31, 1953, and that death occurred at 1.45 PM from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles R MacDonald M.D. ADDRESS Glen Burnie, Md DATE SIGNED 3-31-53.

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF APR. 3 1953
NAME OF CEMETERY OR CREMATORY GLEN HAVEN
LOCATION (City, town, or county) (State) GLEN BURNIE, MD

DATE REC'D BY LOCAL REGISTRAR April 3, 1953
REGISTRAR'S SIGNATURE Louis D'Alba
24. FUNERAL DIRECTOR ADDRESS GLEN BURNIE, MD.

VS. A15

RECEIVED
APR 6 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

(2500)

Reg. Dist. No. 22

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Anne Arundel; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Jessup
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Maryland House of Correction

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 615 S. Warner Street

3. NAME OF DECEASED (Type or Print): (First) WILLIE (Middle) (Last) GARRETT

4. DATE OF DEATH: (Month) March (Day) 4 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH:

9. AGE last birthday: 35 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): K

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME:

14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Stab wound of left chest

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Massive left hemothorax

(c)

INTERVAL BETWEEN ONSET AND DEATH:

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: House of Correction

(CITY OR TOWN) (COUNTY) (STATE): Jessup, Anne Arundel County, Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): 3/4/53 3:55 P.m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Stabbed with dagger

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.*

SIGNATURE: William Lovitt (Degree or title) ADDRESS: 700 Fleet Street, Baltimore, Md. DATE SIGNED: 3/5/53

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY: JOHN HOPKINS MEDICAL SCHOOL MAR 17 1953 | LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REGISTRAR: MAR 17 1953

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

24. FUNERAL DIRECTOR: Huntington Williams, M.D. ADDRESS:

3-24-53 Clara Haslup-cmc

OPY SENT TO ... DATE ...

MAR 24 1953

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (0250)

CERTIFICATE OF DEATH

Reg. Dist. No. 28

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville
LENGTH OF STAY (in this place) 2 yrs. 7½ mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Baltimore City
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN 1327 N. Carey St.,
STREET ADDRESS (If rural give location) Baltimore, Maryland

3. NAME OF DECEASED: (Type or Print) (First) Ernest (Middle) (Last) Gladden

4. DATE OF DEATH: (Month) 3 (Day) 6 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Separated

8. DATE OF BIRTH: 10/27/89

9. AGE last birthday: 63 yrs. — IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Alfred Gladden

14. MOTHER'S MAIDEN NAME: Madana Barber

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk (If Yes, give war or dates of service) - - -

16. SOCIAL SECURITY No.: - - - -

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) General Paresis — DUE TO — Interval Between Onset And Death: Known to us since adm. 4/19/50

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: - - -

19b. MAJOR FINDINGS OF OPERATION -

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) - - - - - -

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) -

(CITY OR TOWN) (COUNTY) (STATE) - - - - - - - - - - - - - - - - - -

TIME OF INJURY (Month) (Day) (Year) (Hour) - - - - - - - m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? -

22. I hereby certify that I attended the deceased from 2/1, 1953, to 3/6, 1953, that I last saw the deceased alive on 3/6, 1953, and that death occurred at 7:35 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Arnold H. Eckert M.D.
ADDRESS: Crownsville, Md.
DATE SIGNED: 3/6/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 3/13/53
NAME OF CEMETERY OR CREMATORY: University Med. School
LOCATION (City, town, or county): Balto City
(State): Md

DATE REC'D BY LOCAL REGISTRAR: 3/13/53
REGISTRAR'S SIGNATURE: L. J. Dr Albert
24. FUNERAL DIRECTOR: Frames & Hemsley
ADDRESS: 578 W. Biddle St.

K. M. Joyce-Cmc

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 7502

MARGIN RESERVED FOR BINDING. Supply every item of information carefully, especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Severn; LENGTH OF STAY (In this place): 50 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS: New Cut Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Same; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Same; STREET ADDRESS (If rural, give location): Same

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) (Last) Gorman

4. DATE OF DEATH: (Month) March (Day) 22 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: 3/13/85

9. AGE last birthday: 68 yrs. If under 1 year: Months / Days; If under 24 hours: Hours / Minutes

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Butte, Montana

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: ?

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: James H. Crouse, Svern, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

322.1

Immediate cause (a) Chronic Alcholism — Interval between onset and death: 20 y.

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Malnutrition — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

ACCIDENT (MVAP) OR CONTRIBUTING CAUSE OF DEATH:

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED: While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Gustaf K. Bauhendahl (Degree or title): Deputy Medical Examiner ADDRESS: Glen Burnie, Md. DATE SIGNED: 3/22/53

PLACE OF DISPOSITION (Burial, Cremation, Entombment): Burial DATE THEREOF: 3/25/53 NAME OF CEMETERY OR CREMATORY: Baldwin Memorial Church LOCATION (City, town, or county) (State): Severn Cross Roads, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: 3/24/53 REGISTRAR'S SIGNATURE: [signature] 24. FUNERAL DIRECTOR: Wm Cook, Inc. ADDRESS: 1217 St. Paul Street

D-11

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

C2503

Reg. Dist. No. 21

1. PLACE OF DEATH
COUNTY Anne Arundel Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bayley's Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 120 Market
STREET ADDRESS (If rural, give location) Annapolis Md.

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Citty	Winchester	Hackett	3	4	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Female	White	Widow	9-13-1861	91 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Home	Home	San Francisco Cal	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Ezra Winchester	Citty Colvin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
—	—	Winchester E. Hayes 120 Market St Annapolis Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

592 X **Immediate cause** (a) Uraemia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) General Arteriosclerosis
(c) Ch. Nephritis

INTERVAL BETWEEN ONSET AND DEATH
(a) Several yrs
(b) 4 yrs
(c) Several yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from April, 1951, to Mch 4, 1953, that I last saw the deceased alive on Mch 3, 1953, and that death occurred at 6 30 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Oliver Purvis	M.D.	Annapolis Md	3-4-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	3-5-53		Portsmouth N.H.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
March 5, 1953	[signature] Bur.	John W. Taylor Sons	Annapolis Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

C2561

26

Reg. Dist. No. 52

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Avalon Shores
LENGTH OF STAY (in this place) 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Avalon Shores
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) T. (Middle) Roscoe (Last) HALL.

4. DATE OF DEATH: (Month) Mar. (Day) 12 (Year) 1953

5. SEX: M.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 15, 1893

9. AGE last birthday: 59 yrs. — If under 1 year: Months 7 | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic

10b. KIND OF BUSINESS OR INDUSTRY: Garagemen-owner

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles E. Hall

14. MOTHER'S MAIDEN NAME: Estelle Bowen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Mrs Roscoe Hall - Avalon Shores

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

177 Immediate cause (a) Cerebral metastasis — 36 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Adenocarcinoma of prostate. — 2 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5:30 ....., 1951, to 3-12 ....., 1953, that I last saw the deceased alive on 3-12 ....., 1953, and that death occurred at 11:30 pm., from the causes and on the date stated above.

SIGNATURE: Louis L. Grant M.D. — (Degree or title) M.D. — ADDRESS Berlin, Md. — DATE SIGNED 3-12-53.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 3/15/53 — NAME OF CEMETERY OR CREMATORY: Asbury Methodist Church Cemetery — LOCATION (City, town, or county) (State): Barlow, Md.

DATE REC'D BY LOCAL REG.: March 14, 1953 — REGISTRAR'S SIGNATURE: Grace L. Hutchins — 24. FUNERAL DIRECTOR: Wm H. Hutchins — ADDRESS: Girdle, Md.

3-23-53 L. Belle Hutchins

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

COPY SENT TO LOC[illegible] No. ___ Date ___

MAR 29 [illegible]
[illegible] V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

C 505

Reg. Dist. No. 23

1. PLACE OF DEATH: COUNTY Anne Arundel; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN N. Linthicum; LENGTH OF STAY (In this place) 29 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS 10 - Heath Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Harry (Middle) Wadelton (Last) Hartline Jr.

4. DATE OF DEATH: (Month) March (Day) 28 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 10/18/92

9. AGE last birthday: 60 yrs. If under 1 year: Months / Days. If under 1 day: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Office Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Paint Coating Grass Mfgs

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Harry M. Hartline. -

14. MOTHER'S MAIDEN NAME: Anna Gardner.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 212-05-2665

17. INFORMANT AND ADDRESS: Mrs. Edna Hartline (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval Between Onset and Death: Sudden.

420.1

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

PRIMARY OR CONTRIBUTING CAUSE OF DEATH —

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY —

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22 I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ☒ accident ☐, suicide ☐ homicide ☐, undetermined ☐.

SIGNATURE (Degree or title) Gustaf K. Faulenbach, Deputy Medical Examiner — ADDRESS Glen Burnie, Md. — DATE SIGNED 3/28/53.

DISPOSITION (Specify) Burial — DATE THEREOF March 31, 1953 — NAME OF CEMETERY OR CREMATORY Holy Cross Cem. — LOCATION (City, town, or county) (State) Brooklyn, A.A. Co., Md.

DATE RECD BY LOCAL REG 3/30/53 — REGISTRAR'S SIGNATURE G. L. Hedrick — 24. FUNERAL DIRECTOR G. Howard Evans — ADDRESS 1405 Charles St Balto 30 Md

MARGIN RESERVED FOR BINDING

Supply every item of information carefully. The correct answer is required in all cases. Physicians: please write the causes of death clearly and legibly.

PLAINLY, WITH UNFADING INK

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02506

CERTIFICATE OF DEATH

Reg. Dist. No. 20

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Edgewater, Md. | LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Edgewater, Md.
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) Warner (Middle) P (Last) Hartman

4. DATE OF DEATH: (Month) March (Day) 8 (Year) 1953

5. SEX: MALE | 6. COLOR OR RACE: WHITE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED | 8. DATE OF BIRTH: JAN 6, 1879 | 9. AGE last birthday: 74 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown | 10b. KIND OF BUSINESS OR INDUSTRY: Unknown | 11. BIRTHPLACE (State or foreign country): Chile | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown | 14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service) Unknown | 16. SOCIAL SECURITY NO. 579-05-4450 # | 17. INFORMANT: PERSONAL PAPERS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocardial failure — 14 days

421.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Heart Disease — 10 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 8, 1952, to March 8, 1953, that I last saw the deceased alive on March 8, 1953, and that death occurred at 11 a.m., from the causes and on the date stated above.

SIGNATURE: Vincent Gomez | (Degree or title) M.D. | ADDRESS: Mayo Maryland | DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 3-13-53 | NAME OF CEMETERY OR CREMATORY: Mayo Memorial | LOCATION (City, town, or county): Mayo (State): Md.

DATE REC'D BY LOCAL REG.: March 13, 1953 | REGISTRAR'S SIGNATURE: Edward Collendar | 24. FUNERAL DIRECTOR: B L Hoffman & Son | ADDRESS: Annapolis Md.

VS. A15

RECEIVED
MAR 19 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

12507

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY: Anne Arundel — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 19 Calvert Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
STREET ADDRESS (If rural, give location): 19 Calvert Street

3. NAME OF DECEASED (Type or Print): (First) NAOMI (Middle) (Last) HENSON

4. DATE OF DEATH: (Month) March (Day) 4 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Aug 10 1908

9. AGE last birthday: 44 yrs. — If under 1 year: Months 7 — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Annapolis

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Harry Lane

14. MOTHER'S MAIDEN NAME: Josephine Walker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Beatrice Johns

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

322.0

Immediate cause (a) Acute alcoholism

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy* X, *Inspection* , *Inquiry* , *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* X, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

SIGNATURE (Degree or title): William H. Powell — ADDRESS: 700 Fleet Street, Baltimore, Md. — DATE SIGNED: 3/5/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Mar 8 1953 — NAME OF CEMETERY OR CREMATORY: Calvert Hill — LOCATION (City, town, or county) (State): Annapolis Annapolis

DATE REC'D BY LOCAL REG.: March 6 1953 — REGISTRAR'S SIGNATURE: B.W. — 24. FUNERAL DIRECTOR — ADDRESS: J. E. Johnson, Annapolis, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02508

CERTIFICATE OF DEATH

Reg. Dist. No. 35

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY A.A. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklyn Park
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Aa
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Brooklyn Park
STREET ADDRESS (If rural give location) 209 Hillcrest

3. NAME OF DECEASED: (Type or Print) (First) ANNA (Middle) (Last) HILLER

4. DATE OF DEATH: (Month) (Day) (Year) 3/17/53 19

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W

8. DATE OF BIRTH: I/3/I873

9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Michael Gornawitz

14. MOTHER'S MAIDEN NAME: Helen Krieger

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Family - Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

3. Immediate cause (a) CEREBRAL HEMMORAHGE — Interval Between Onset And Death: 3 DAYS

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) HYPERTENSION — 10 years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. FRACTURE Right Hip - 4yrs Ago

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MARCH, 19 51, to 17 MAR, 19 53, that I last saw the deceased alive on 17 MAR, 19 53, and that death occurred at 2:15 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Benjamin Berdinsky ADDRESS 1004 Potchie Hwy DATE SIGNED 17 March 53

23. BURIAL, CREMATION, REMOVAL (Specify) B DATE THEREOF 3/21/53 NAME OF CEMETERY OR CREMATORY Cedar Hill LOCATION (City, town, or county) Baltimore (State)

DATE REC'D BY LOCAL REGISTRAR 3/19/53 REGISTRAR'S SIGNATURE A W Hedeman

24. FUNERAL DIRECTOR ADDRESS James L. McCully - 130 E. Fort Ave.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

12509

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16A

1. PLACE OF DEATH: COUNTY Anne Arundel; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) 512 Burnside St.

3. NAME OF DECEASED (Type or Print): (First) JOSEPH (Middle) ALBERT (Last) HODEK

4. DATE OF DEATH: (Month) MARCH (Day) 12, (Year) 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 11-18-1883

9. AGE last birthday: 69 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret

10b. KIND OF BUSINESS OR INDUSTRY: Gov. Taylor

11. BIRTHPLACE (State or foreign country): Czechoslovakia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Vaclav Hodek

14. MOTHER'S MAIDEN NAME: Barbara (Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service): No

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Mrs. Anna M. Hodek Wife same as # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Subarachnoid Hemorrhage

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Crushing injury & Chest.

(c)

INTERVAL BETWEEN ONSET AND DEATH: 5 days.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office, bldg., etc.) OF INJURY Highway.
(CITY OR TOWN) Annapolis. (COUNTY) A.A.Co. (STATE) MD.

TIME OF INJURY (Month) 3 (Day) 8 (Year) 53 (Hour) 8 P m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? auto accident

22. *I certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE [signature] (Degree or title) MD. ADDRESS Annapolis Md. DATE SIGNED 3/16/53.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF March 16, 53
NAME OF CEMETERY OR CREMATORY: St. Mary's Cemetery
LOCATION (City, town, or county) (State): Annapolis, Maryland

DATE REC'D BY LOCAL REG. March 14, 1953
REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR: Ben L. Hopping and Son ADDRESS: Annapolis, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02510

CERTIFICATE OF DEATH

Reg. Dist. No. ..

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Dales; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D. 1 - Box 241

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A. A.; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Dales Md.; STREET ADDRESS (If rural, give location) R.F.D. 1 - Box 241

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) (Last) Jackson

4. DATE OF DEATH: (Month) 3 (Day) 30 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): M

8. DATE OF BIRTH: 3-1-1878

9. AGE Last birthday: 75 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Dales Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Andrew Jackson

14. MOTHER'S MAIDEN NAME: Isabell Kelley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Martha Jackson-Dales Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Thrombosis — Interval Between Onset And Death: 3 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Generalized arteriosclerosis — 5 yrs.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept ..., 19..., to Mar 30, 19..., that I last saw the deceased alive on Mar 30 1953, and that death occurred at 2 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Rene A. Truax MD — ADDRESS: Seven Paul Ave — DATE SIGNED: Mar 30 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 4-2-1953 — NAME OF CEMETERY OR CREMATORY: Carpenters Hill — LOCATION (City, town, or county) (State): Round Bay Md.

DATE REC'D BY LOCAL REGISTRAR: 3/31/53 — REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: William Reese — ADDRESS: 11-1083 Washington St. Annapolis, Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]511

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 256 West Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md — COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
STREET ADDRESS (If rural, give location): 256 West Street

3. NAME OF DECEASED: (First) AUGUST (Middle) (Last) JEWELL
4. DATE OF DEATH: (Month) (Day) (Year) MARCH 21, 1953 19

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Married	Dec. 25, 1878	74 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Ret	Gov. Bricklayer	Annapolis, Maryland	USA

13. FATHER'S NAME: Joseph Jewell
14. MOTHER'S MAIDEN NAME: Pracella Hopkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	no		Mrs Pearl Jewell Wife same as #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

43.0

Immediate cause — (a) Myocardial Infarction, acute — DUE TO

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) arteriosclerotic Heart Disease — DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH: (a) 1 day; (b) 2 yrs.

II. OTHER SIGNIFICANT CONDITIONS:
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from Mar. 17, 1953 to Mar. 21, 1953, that I last saw the deceased alive on 3-17-53, and that death occurred at 1:35 m., from the causes and on the date stated above.

SIGNATURE: James R. Martin (DEGREE OR TITLE) M.D. ADDRESS: Annapolis, Md. DATE SIGNED: 3-22-53

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	March 24, 53	Greenwood Cemetery	Lancaster, Pennsylvania

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
March 23, 1953	[signature] (Sgd.)	Ben L. Hopping and Son	Annapolis, Md.

RECEIVED
MAR 1 1 13
BUREAU V.

Item 9 Film G152 4/6/53 whw

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

C2512

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Dr N. Dist St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY A. A.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis; STREET ADDRESS (If rural, give location) 107 Franklin St

3. NAME OF DECEASED (Type or Print): (First) Jacob; (Middle) Henry; (Last) Johnson

4. DATE OF DEATH: (Month) 3; (Day) 5; (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): S

8. DATE OF BIRTH: Oct 4, 1908

9. AGE last birthday: 44 yrs.; If under 1 year: Months; Days; If under 24 hrs: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Annapolis Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert Johnson

14. MOTHER'S MAIDEN NAME: Elizabeth Gray

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No; (If yes, give war or dates of service):

16. SOCIAL SECURITY NO. 213-30-8078

17. INFORMANT AND ADDRESS: Julia Cooze - Annapolis, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

Immediate cause (a) Coronary Sinus

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) 3 (Day) 5 (Year) 53 (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection ___, Inquiry ✓ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ✓, accident ___, suicide ___, homicide ___, undetermined ___.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 3-15-53 | NAME OF CEMETERY OR CREMATORY Crowley Hill | LOCATION (City, town, or county) Annapolis, Md (State)

DATE REC'D BY LOCAL REG. March 9, 1953 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR William Reese | ADDRESS 108 N. Washington St. Annapolis, Md.

VS. A15A

RECEIVED
MAR 10
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02513

CERTIFICATE OF DEATH

Reg. Dist. No. ..

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY A.A. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Orchard Bc.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7936 Main St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY AA
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dorsey P.E.
STREET ADDRESS (If rural give location) 7936 Main St.

3. NAME OF DECEASED: (Type or Print) (First) Iola (Middle) E (Last) Joyce
4. DATE OF DEATH: (Month) 3. (Day) 31 (Year) 19 53

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W
8. DATE OF BIRTH: 1-1-91
9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): MD.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John H. Single
14. MOTHER'S MAIDEN NAME: Minnie H. Effort

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Family - Same

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Coronary Thrombosis — Immediate

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Hypertensive cardio-vascular disease — 2½ years
DUE TO (c)

(260 X)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — E 1

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/16 ,1950, to 3/31 , 1953, that I last saw the deceased alive on 3/27 , 1953, and that death occurred at 10 a.m., from the causes and on the date stated above.
SIGNATURE Harry Deibel (Degree or title) M.D. ADDRESS 1226 Hanover St DATE SIGNED 4/1/53

23. BURIAL, CREMATION, REMOVAL (Specify) B
DATE THEREOF 4-2-53
NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town, or county) Balto. (State)

DATE REC'D BY LOCAL REGISTRAR 4/2/53
REGISTRAR'S SIGNATURE A W Hedrick
24. FUNERAL DIRECTOR ADDRESS
Jos. A. Hamilton 1130 E. 700 Balto

1097

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY. WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

(2514

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 24

1. PLACE OF DEATH: COUNTY Anne Arundel; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN P.O. Millersville; LENGTH OF STAY (in this place) 6 months; HOSPITAL OR INSTITUTION OR STREET ADDRESS Patuxent Landing Road.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Odenton; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Katherine (Middle) Mary (Last) Kaemmerle.

4. DATE OF DEATH: (Month) March (Day) 13 (Year) 1953

5. SEX: F.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 9/7/80

9. AGE last birthday: 72 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Brooklyn, N.Y.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Walker -

14. MOTHER'S MAIDEN NAME: Nellie ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mr. Vincent Kaemmerle - (son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4 | Immediate cause (a) Coronary Occlusion — Interval Between Onset and Death: Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Ernestine H. Fowler M.D. Deputy Medical Examiner - Glen Burnie Md. 3/13/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: MAR. 16 1953 — NAME OF CEMETERY OR CREMATORY: Glen Haven — LOCATION (City, town, or county) (State): Glen Burnie, M.A.

DATE REC'D BY LOCAL REG. 3/16/53 — REGISTRAR'S SIGNATURE: L J DeAlba — 24. FUNERAL DIRECTOR: R.V. Singleton. — ADDRESS

RECEIVED
MAR
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

(2515

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Anne Arundel. MARYLAND. CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklyn Park. LENGTH OF STAY (in this place) 6 years. HOSPITAL OR INSTITUTION OR STREET ADDRESS 5 - 7 11 Ave. (Co. #5 12th Ave)

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY Anne Arundel. CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklyn Park (Balto 25). STREET ADDRESS (If rural, give location) 5 W. 12th Avenue

3. NAME OF DECEASED (Type or Print): (First) Lillie (Middle) (Last) Kaminsky

4. DATE OF DEATH: (Month) March (Day) 8 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 5/25/84

9. AGE Last birthday: 68 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housework. (Corrected)

10b. KIND OF BUSINESS OR INDUSTRY: at Home

11. BIRTHPLACE (State or foreign country): Lithuania. -

12. CITIZEN OF WHAT COUNTRY? Lithuania.

13. FATHER'S NAME: Casper. - Kaminsky

14. MOTHER'S MAIDEN NAME: ? Helen (Zee ?)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: No

17. INFORMANT AND ADDRESS: Mrs. Ellen Rodey (daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Occlusion — Interval Between Onset and Death: sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Senile Arterio-Sclerosis — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Gustave A. Rawe M.D. (Degree or title) County Medical Examiner. ADDRESS: Glen Burnie, Md. DATE SIGNED: 3/8/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: March 11, 1953 — NAME OF CEMETERY OR CREMATORY: Mount Holy Redeemer Cem. — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: 3/9/53 — REGISTRAR'S SIGNATURE: A. A. Hedrick — 24. FUNERAL DIRECTOR AND ADDRESS: R. Howard Evans 1400 S Charles St. Baltimore 30 Md.

1105

MARYLAND STATE DEPARTMENT OF HEALTH

(.516

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Anne Arundel; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Burnie; LENGTH OF STAY (In this place) -; HOSPITAL OR INSTITUTION OR STREET ADDRESS Dorsey Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Texas; COUNTY Freestone; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairfield; STREET ADDRESS (If rural, give location) Route # 1

3. NAME OF DECEASED (Type or Print): (First) Roy (Middle) Alexandria (Last) Kelly Jr.

4. DATE OF DEATH: (Month) Mar (Day) 25 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 21 Sept 1918

9. AGE last birthday: 34 yrs. If under 1 year: Months / Days; If under 24 Hours / M

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Airman

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Fairfield, Texas

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Roy Alexandria Kelly

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WWII

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Hq ARDC, Baltimore, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Multiple Injuries due to airplane crash — Interval Between Onset and Death: Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. FATAL INJURY WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Dorsey Rd | (CITY OR TOWN): Glen Burnie | (COUNTY): AA | (STATE): Md

TIME OF INJURY: (Month) (Day) (Year) (Hour): Mar 25 53 749P. | INJURY OCCURRED While at work ☒ Not while at work ☐ | HOW DID INJURY OCCUR? Airplane crash

22. I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☐ thereon and from the evidence and by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from the principal causes ☒ accidental, ☐ suicidal, ☐ homicidal, ☐ undetermined.

SIGNATURE: Gustave N Paulenbuhl (Degree or title): Capt USAF Medical Examiner ADDRESS: Glen Burnie Md DATE SIGNED: 3/25/53

CREMATION: Burial | DATE THEREOF: 3-31-53 | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State): Fairfield, Texas

FILED BY LOCAL REGISTRAR: 3/26/53 | REGISTRAR'S SIGNATURE: L J DeAlba | 24. FUNERAL DIRECTOR: In Transit ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 30 1953
BUREAU OF S

02517

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: ANN ARUNDEL — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: JACOBSVILLE, MD. — LENGTH OF STAY (in this place): 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: RT. #5 Box 216 Mayotty Beach Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: MD. COUNTY: ANN ARUNDEL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: JACOBSVILLE, MD.
STREET ADDRESS (If rural, give location): Pasadena P.O., Md.

3. NAME OF DECEASED: (Type or Print) (First) ROSA (Middle) LILLIAN (Last) KOON

4. DATE OF DEATH: (Month) MARCH (Day) 13 (Year) 1953

5. SEX: F

6. COLOR OR RACE: COLORED

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: 6 MAR 1887

9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? Yes

13. FATHER'S NAME: deceased

14. MOTHER'S MAIDEN NAME: deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO — (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Mrs. Lillian Thompson (daughter) Same address.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
151X Immediate cause	(a) Carcinoma of stomach	3 yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO: a - Myocarditis	3 months
	(c) DUE TO:	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) NO

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: — (CITY OR TOWN): — (COUNTY): — (STATE): —

TIME (Month) (Day) (Year) (Hour) OF INJURY: — M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11 Mar, 1953, to present, 19....., that I last saw the deceased alive on 11 Mar, 1953 and that death occurred at 10.25 P.m., from the causes and on the date stated above.

SIGNATURE: Hubert F. Mamuzak (DEGREE OR TITLE): M.D. ADDRESS: 901 Eastway Ave, Glen Burnie, Md. DATE SIGNED: 13 Mar 53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 3/18/1953 — NAME OF CEMETERY OR CREMATORY: Mt Calvery Cem. — LOCATION (City, town, or county) (State): Brooklyn Md.

DATE REC'D BY LOCAL REG.: 3/16/53 — REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR ADDRESS: Elroy Wilson 1000 Brantly Ave

'53
74
89

MARYLAND STATE DEPARTMENT OF HEALTH

02518

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis; MARYLAND LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS A. A. General Hospt.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY A A; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis; STREET ADDRESS (If rural, give location) 125 Conduit St.

3. NAME OF DECEASED (Type or Print): (First) ROBERT (Middle) M. (Last) LANG

4. DATE OF DEATH: (Month) 3 (Day) 2 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED: Married

8. DATE OF BIRTH: 8-26-1903

9. AGE last birthday: 49 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Leading Man M.S.N.A.

10b. KIND OF BUSINESS OR INDUSTRY: REFRIG. MECH.

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Lang

14. MOTHER'S MAIDEN NAME: [redacted] Mary Neidhart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Lillian S. Lang Annapolis Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Disease

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: Sudden

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Restaurant

(CITY OR TOWN) Annapolis (COUNTY) A.A.Co (STATE) Md.

TIME OF INJURY (Month) 3 (Day) 2 (Year) 53 (Hour) 1 p m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: [signature] (Degree or title) MD ADDRESS Annapolis Md DATE SIGNED 3/5/53.

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF 3-5-53 NAME OF CEMETERY OR CREMATORY Hillcrest LOCATION (City, town, or county) Annapolis (State) Md

DATE REC'D BY LOCAL REG. March 5, 1953 REGISTRAR'S SIGNATURE [signature] B.W.

24. FUNERAL DIRECTOR John M. Taylor Sons ADDRESS Annapolis Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02519

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45

1. PLACE OF DEATH:

County: Anne Arundel County

City or town: Severn Maryland (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 7 Years

Hospital, institution, or street address where death occurred:

How long in hospital or institution? .....

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: A. A. County

City or town: Severn Maryland (If outside city or town limits, write RURAL and give nearest town)

Street No.: Ford Mead Road (If rural, give LOCATION)

2.(a) If veteran, name war: .....

3.(a) FULL NAME: Ignatius Edward Lewandowski

3.(b) Social Security Number: 212-03-7286

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: Mary Harnek

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): 1888

8. AGE: Years: 65 Months: Days: If less than one day: ..... hrs. ..... min.

9. Birthplace: Poland (Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business

FATHER 12. Name: Stanislaus Lewandowski

13. Birthplace: Poland

MOTHER 14. Maiden name: Antoinette ?

15. Birthplace: poland

16. Informant (Name): Mary Lewandowski

Address: Severn Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof: March 31 1953 (month) (day) (year)

Cemetery or crematory: Holy Rosary Cem

Location: Balto. County

18. Funeral director: John M. Delvey

Address: 401 S. Chester Street Balto. Md.

19. 3/27 1953 (Date rec'd by registrar) Chas Hedrick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 3. 26. 1953 at 10:00 A M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from February 1951 to 3.26 1953 and that I last saw h.. alive on 2.24 1953

Immediate cause of death: Coronary occlusion — DURATION: .....

Due to: Coronary thrombosis — DURATION: 3.26.1953

Due to: Generalized arteriosclerosis — DURATION: years

Other conditions: Arteriosclerotic heart disease

420.0

(Include pregnancy within 3 months of death)

Major findings of operations: .....

Date of op. .....

Autopsy results: .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: Igino Grossi M.D. (M. D. or other)

Address: Glen Burnie Md Date signed: 3.26.1953

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

(1520) 24

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pasadena — LENGTH OF STAY (in this place) 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mountain Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pasadena
STREET ADDRESS (If rural, give location) Mountain Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ROBERT	JAMES	LEWIS	March	2	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Colored	S	Nov. 25, 1901	52 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
mechanic	Farm	West Moreland Co., Va	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Lewis	Annie Lewis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Mrs. Marie Tate - 12 North St. Ambler, Pa.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
322.1 Immediate cause (a) Chronic alcoholism	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy* X, *Inspection* ☐, *Inquiry* ☐ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Russell S Fisher	M.D.	700 Fleet Street, Baltimore 2, Md.	3/3/53

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Mar. 6, 1953	Family lot	West Moreland Co., Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
MAR 4 1953	Huntington Williams, M.D.	Holland Funeral Home	1631 Druid Hill Ave.

3/5/53 — L. J. DeAlba - cmc

VS/A15A

COPY SENT TO LOCAL REGISTRAR

RECEIVED
MAR 5
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12581

CERTIFICATE OF DEATH

Reg. Dist. No. 7

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY A. A. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bristol
LENGTH OF STAY (in this place) 6 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY A A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bristol
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (First) FRANK (Middle) (Last) MacDonald
4. DATE OF DEATH: (Month) March (Day) 9 (Year) 1953
5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: May 15 1882
9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Eng. Draftsman
10b. KIND OF BUSINESS OR INDUSTRY: Navy Dept.
11. BIRTHPLACE (State or foreign country): Tidioute Penn.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: George N
14. MOTHER'S MAIDEN NAME: Ida K. Kirkpatrick
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: 174 05 5985
17. INFORMANT & ADDRESS: Mrs Agnes C Macdonald. Bristol Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
420.1
Immediate cause (a) Coronary occlusion
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) General arteriosclerotic vascular disease
DUE TO
(c)
INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS:
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-8, 19 53, to 3-9, 19 53, that I last saw the deceased alive on 3-9, 19 53, and that death occurred at 8.25 A.m., from the causes and on the date stated above.

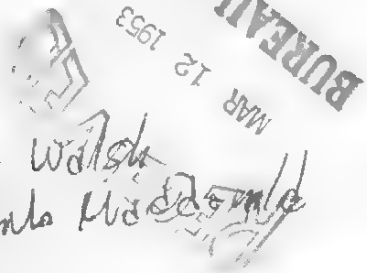
SIGNATURE Emily H. Nihan, M.D. (DEGREE OR TITLE) ADDRESS Lothian, Md. DATE SIGNED 3-10-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 3/13/53
NAME OF CEMETERY OR CREMATORY Our Lady of Sorrows
LOCATION (City, town, or county) Queenstown (State) Md
DATE REC'D BY LOCAL REG. Mar 10, 1953
REGISTRAR'S SIGNATURE Edward Collenson
24. FUNERAL DIRECTOR Hardesty Funeral Home ADDRESS Oakland Md.

VS A15 8-51

Star & Post

Agnes Cecelia Fitzpatrick



Mrs. Jean Walsh

Frank MacDonald

John "

Mary "

George "

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]522

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 57 W. Washington St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural give location) 57 W. Washington St.

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) (Last) Makell

4. DATE OF DEATH: (Month) B (Day) 28 (Year) 1953

5. SEX: female | 6. COLOR OR RACE: Negro | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W. | 8. DATE OF BIRTH: 11-12-1875 | 9. AGE Last birthday: 77 yrs. | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Annapolis Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Harvey
14. MOTHER'S MAIDEN NAME: Priscilla Harvey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: — —
17. INFORMANT & ADDRESS: Gladys Hall - Annapolis Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hypertensive Cardio-Vascular disease — Interval Between Onset And Death: 1 year

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 1, 1953, to March 28, 1953, that I last saw the deceased alive on March 28, 1953, and that death occurred at 7:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) M.D. ADDRESS 110 - 6 Cathedral Street Annapolis DATE SIGNED March 30 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF March 31 53 | NAME OF CEMETERY OR CREMATORY Brewer-Hill | LOCATION (City, town, or county) Annapolis | (State) Md.

DATE REC'D BY LOCAL REGISTRAR April 1, 1953 | REGISTRAR'S SIGNATURE [signature] Dep. Reg. | 24. FUNERAL DIRECTOR William Beese | ADDRESS 108 W. Washington St Annapolis, Md.

APR 2
BU U.S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02523

CERTIFICATE OF DEATH

Reg. Dist. No. 2

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Brooklyn Park
LENGTH OF STAY (in this place) 28 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 211 E. Charles St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY A. A.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Brooklyn Park
STREET ADDRESS (If rural give location) 211 E. Charles St.

3. NAME OF DECEASED: (Type or Print) (First) Gabriel (Middle) Matson (Last)

4. DATE OF DEATH: (Month) March (Day) 1 (Year) 1953

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married | 8. DATE OF BIRTH: June 1, 1876 | 9. AGE last birthday: 76 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Steel fabricator | 10b. KIND OF BUSINESS OR INDUSTRY: shipbuilding | 11. BIRTHPLACE (State or foreign country): Norway | 12. CITIZEN OF WHAT COUNTRY? Yes

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 214-03-2235

17. INFORMANT & ADDRESS: Mrs. Elizabeth Matson 211 E. Charles

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause: 422.2 (a) Pulmonary Edema

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) myocardial insuff

DUE TO (c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-1, 1952, to 3-1, 1953, that I last saw the deceased alive on 3-1, 1953, and that death occurred at 11:15 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Eugene Schaffer M.D. ADDRESS 3904 S. Hanover St. DATE SIGNED March 2, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF March 4, 1953 | NAME OF CEMETERY OR CREMATORY Meadowridge Mem. Pk. | LOCATION (City, town, or county) (State) Dorsey Mary and

DATE REC'D BY LOCAL REGISTRAR 3/3/53 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR ADDRESS George J. Gonce 4001 Ritchie Hgwy

VS. A15

Items 3,13,14 FilmG152 4/42/53 whw

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

C7521

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING. WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. Typewriting is preferred. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Anne Arundel — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glen Burnie
LENGTH OF STAY (In this place): -
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Dorsey Rd

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: California — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Piedmont
STREET ADDRESS (If rural, give location): 69 Manor Dr

3. NAME OF DECEASED (Type or Print): (First) Harry (Middle) Edwin (Last) McAfee
4. DATE OF DEATH: (Month) Mar (Day) 25 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 30 Apr 1917
9. AGE last birthday: 35 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): US Air Force Officer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Butte, Montana
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown Harry Edwin McAfee
14. MOTHER'S MAIDEN NAME: Jean Morrison Foster

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW II
16. SOCIAL SECURITY NO.: 566-18-3688
17. INFORMANT AND ADDRESS: Mc ARDC, Baltimore, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Multiple injuries due to airplane crash — Interval Between Onset and Death: Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. WAS DEATH DUE PARTLY ☒ OR CONTRIBUTING ☐ TO EXTERNAL CAUSE? — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Dorsey Rd — (CITY OR TOWN): Glen Burnie — (COUNTY): AA — (STATE): Md

TIME OF INJURY (Month) (Day) (Year) (Hour): Mar 25 53 7492m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR? Airplane crash

22. I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained at said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE: Lawrence K. Parker MD — (Degree or title): Deputy Medical Examiner — ADDRESS: Glen Burnie, Md. — DATE SIGNED: 3/26/53

BURIAL, CREMATION OR REMOVAL: Removal — DATE THEREOF: 4-1-53 — NAME OF CEMETERY OR CREMATORY: Presidio Nat'l. Cem. — LOCATION (City, town, or county): San Francisco — (State): Calif.

DATE RECEIVED BY LOCAL REG.: 3/26/53 — REGISTRAR'S SIGNATURE: J. DeAlba — 24. FUNERAL DIRECTOR: In Transit. — ADDRESS:

RECEIVED
MAR 30 1953
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03525

CERTIFICATE OF DEATH

Reg. Dist. No. 28

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Crownsville
LENGTH OF STAY (in this place) 7 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville
STREET ADDRESS (If rural give location) State Hospital

3. NAME OF DECEASED: (Type or Print) (First) H. Gustav (Middle) — (Last) Meinhardt
4. DATE OF DEATH: (Month) 3 (Day) 15 (Year) 1953
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: 12/18/1890
9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): physician
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Vierraden, Germany
12. CITIZEN OF WHAT COUNTRY? U.S

13. FATHER'S NAME: Max Meinhardt
14. MOTHER'S MAIDEN NAME: Flora Selinger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT & ADDRESS: Mrs Elsa Meinhardt

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary occlusion — Interval Between Onset And Death: 8 hs

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) generalized arteriosclerosis — 7 years

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION none
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) no
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct ..., 19 52, to Dec ..., 1952, that I last saw the deceased alive on 3/14 ..., 19 53, and that death occurred at 3/15/53 - 2 PM; from the causes and on the date stated above.
SIGNATURE (Degree or title) Ludwig Benedict M.D. ADDRESS Crownsville, Md DATE SIGNED 3/15/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 3-17-53
NAME OF CEMETERY OR CREMATORY Keneseth Israel Cemetery
LOCATION (City, town, or county) (State) Annapolis, Maryland
DATE REC'D BY LOCAL REGISTRAR March 17, 1953
REGISTRAR'S SIGNATURE K M. Joe
24. FUNERAL DIRECTOR Ben L. Hopping and Son ADDRESS Annapolis, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 24

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 C2526

CERTIFICATE OF DEATH

Reg. Dist. No. 23

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN P.O. Linthicum — LENGTH OF STAY (in this place) 2½ years.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hammonds Ferry Road.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Linthicum
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Mitchell (Middle) Elmer (Last) Montana

4. DATE OF DEATH: (Month) March (Day) 16 (Year) 1953

5. SEX: M. | 6. COLOR OR RACE: W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married | 8. DATE OF BIRTH: 5/4/1903 | 9. AGE last birthday: 49 yrs. | IF UNDER 1 YEAR: Months Days | IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Bus tender

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State of foreign country): Buffalo - N.Y.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ?

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes. (If Yes, give war or dates of service) I-World War

16. SOCIAL SECURITY No.: 215-09-9661

17. INFORMANT & ADDRESS: Mrs. Anna Montana (wife)

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

321X

Immediate cause (a) Cerebral Hemorrhage — 3 hrs.

Antecedent causes (s) Diseases or conditions, If any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Hypertension — + 4 yrs.
DUE TO (c) Diabetes — 3 years.

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. ,1963, to 3/16/53, 19...., that I last saw the deceased alive on 3/16/53 19...., and that death occurred at 3:30 P.M., from the causes and on the date stated above.

SIGNATURE Gustave H. Fowler M.D. (Degree or title) — ADDRESS Glen Burnie Md. — DATE SIGNED 3/16/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF March 19, 1953 — NAME OF CEMETERY OR CREMATORY London Park — LOCATION (City, town, or county) Baltimore (State)

DATE REC'D BY LOCAL REGISTRAR 3/18/53 — REGISTRAR'S SIGNATURE A. W. Harris — 24. FUNERAL DIRECTOR Frederick A. Cole — ADDRESS 1913 W. Baltimore St.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 0,[illegible]27

CERTIFICATE OF DEATH

Reg. Dist. No. ..

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY A.A. County. MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Brooklyn Park
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 54 Asbury Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) - Brooklyn Park
STREET ADDRESS (If rural give location) 54 Asbury Rd.

3. NAME OF DECEASED: (Type or Print) (First) PHILIP (Middle) EMMETT (Last) MURPHY

4. DATE OF DEATH: (Month) 3 (Day) 24 (Year) 1953

5. SEX: Male MALE

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH:

9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): RETIRED SUPT.

10b. KIND OF BUSINESS OR INDUSTRY: GAS & ELECTRIC

11. BIRTHPLACE (State or foreign country): BALTIMORE MD

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: TIMOTHY MURPHY

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) NO. (If Yes, give war or dates of service) -

16. SOCIAL SECURITY NO.: -

17. INFORMANT & ADDRESS: MRS. HELEN MURPHY.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442 X

Immediate cause (a) DUE TO: CORONARY THROMBOSIS — Interval Between Onset And Death: Immediate

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO: Hypertensive Cardio-Vascular Illness — 7 years.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1946, to March 24, 1953, that I last saw the deceased alive on 3/23, 1953, and that death occurred at 1:00 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) G. Brady Smith, M.D. ADDRESS Riviera Beach, Md. DATE SIGNED 3/24/53

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL — DATE THEREOF 3-27-53 — NAME OF CEMETERY OR CREMATORY Holy Cross — LOCATION (City, town, or county) (State) A.A. Co. -

DATE REC'D BY LOCAL REGISTRAR 3/26/53 — REGISTRAR'S SIGNATURE Raw Hodnett Deputy

24. FUNERAL DIRECTOR Shubert & Son ADDRESS Richmond Ave & 22nd St.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 0528

CERTIFICATE OF DEATH

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pasadena (Rural)
LENGTH OF STAY (in this place) 8
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pasadena (Rural)
STREET ADDRESS (If rural give location) Route #4, Box 1

3. NAME OF DECEASED: (Type or Print) (First) Susie (Middle) V. (Last) Neal

4. DATE OF DEATH: (Month) March (Day) 8 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: June 12, 1869

9. AGE last birthday: 83 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: William Howard

14. MOTHER'S MAIDEN NAME: Sarah Cook

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs Emma E. Presson, Rte. 4, Box 1, Pasadena Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

* 422.1 Immediate cause (a) Degeneration Cardio-Vascular Disease — Interval Between Onset And Death: 10 years

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Arteriosclerotic Cardio Vascular Disease — 10 years
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1952, to March 8, 1953, that I last saw the deceased alive on March 7, 1953, and that death occurred at 7:20 A.M., from the causes and on the date stated above.

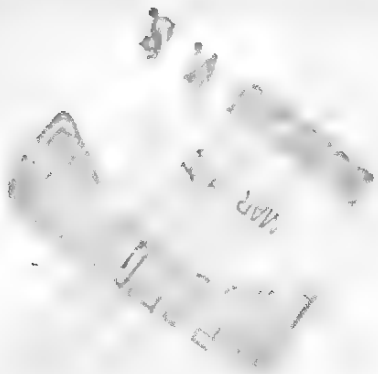
SIGNATURE J. Brady Smith — (Degree or title) M.D. — ADDRESS Riviera Beach, Md. — DATE SIGNED 3/8/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF March 11, 1953 — NAME OF CEMETERY OR CREMATORY Meadow Ridge Memorial — LOCATION (City, town, or county) (State) Howard County

DATE REC'D BY LOCAL REGISTRAR March 11 1953 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR R V Singleton — ADDRESS Glen Burnie, Md.

VS. A15



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (0529)

CERTIFICATE OF DEATH

Reg. Dist. No. 23

1. PLACE OF DEATH:
COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glen Burnie
LENGTH OF STAY (in this place): 4yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glen Burnie
STREET ADDRESS (If rural give location): 107 Wellham Ave.

3. NAME OF DECEASED: (Type or Print) (First) Henry C. (Middle) (Last) Nierman

4. DATE OF DEATH: (Month) March (Day) 16, (Year) 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	married	Aug. 22, 1894	58 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Fireman	Balto. City F. D.	Oklahoma	U. S.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
Yes W. W. 1	214-24-5913	Mrs. Lottie C. Nierman 107 Wellham A

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
Immediate cause (a) Coronary Occlusion — Interval Between Onset And Death: one day

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Arterio-Sclerotic Cardio-Vascular Disease
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/8 ..., 1949, to 3/14, 1953, that I last saw the deceased alive on 3/16, 1953, and that death occurred at 12:05 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Paul Rullman M.D. — ADDRESS: 320 Patapsco Ave. Baltimore 25, Md. — DATE SIGNED 3/17/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/18/53	Loudon Park Cemetery	Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 3/17/53 — REGISTRAR'S SIGNATURE: C. W. Herbert

24. FUNERAL DIRECTOR — ADDRESS: George J. Gonce 4001 Ritchie Hgwy.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY A. A. — STATE MARYLAND — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis — LENGTH OF STAY (In this place) — HOSPITAL OR INSTITUTION OR STREET ADDRESS A. G. General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY A. A. — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Popular Point — STREET ADDRESS (If rural, give location) R. F. D. Annapolis Md

3. NAME OF DECEASED (Type or Print): (First) Irvin (Middle) B. (Last) Patterson

4. DATE OF DEATH: (Month) 3 (Day) 24 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov 22-1904

9. AGE last birthday: 48 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Commercial Fisherman

10b. KIND OF BUSINESS OR INDUSTRY: Waterman

11. BIRTHPLACE (State or foreign country): Baltimore

12. CITIZEN OF WHAT COUNTRY: U. S. A.

13. FATHER'S NAME: William B. Patterson

14. MOTHER'S MAIDEN NAME: Millie M. Monahan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): World War II (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Margaret P. Johnson Annapolis Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary disease

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) 3 (Day) at (Year) 53 (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection ✓, Inquiry ___ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✓, accident ___, suicide ___, homicide ___, undetermined ___.*

SIGNATURE [signature] (Degree or title) MD ADDRESS Annapolis Md DATE SIGNED 3/25/53.

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF 3-27-53 | NAME OF CEMETERY OR CREMATORY St Mary's | LOCATION (City, town, or county) Annapolis (State) Md

DATE REC'D BY LOCAL REG March 25, 1953 | REGISTRAR'S SIGNATURE [signature] | FUNERAL DIRECTOR John M. Taylor Sons | ADDRESS Annapolis Md

VS. A15A

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAR 27 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 26

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: A. A. Co. MD. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: SUDLEY, A.A.Co.MD. — LENGTH OF STAY (in this place): LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: SUDLEY
STREET ADDRESS (If rural, give location): Rural. (Rade 468)

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Roland (Last) Phipps
4. DATE OF DEATH: (Month) MARCH (Day) 15 (Year) 1953

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE
8. DATE OF BIRTH: MARCH 22, 1952
9. AGE last birthday: — yrs. If under 1 year: Months 11 Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): SUDLEY, A.A.Co., MD.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: WILLIAM ERNEST PHIPPS
14. MOTHER'S MAIDEN NAME: RUTH ELIZABETH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

47 Immediate cause (a) bronchopneumonia — 24 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) common cold. — 2 days.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Mongolism

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-9, 1952, to 3-15, 1953, that I last saw the deceased alive on 3-15, 1953, and that death occurred at 1 A.m., from the causes and on the date stated above.

SIGNATURE: Bowie Lynn Grant. (Degree or title) M.D. ADDRESS: Shady Side Md. DATE SIGNED: 3-15-53.

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL | DATE THEREOF: MARCH 16, 1953 | NAME OF CEMETERY OR ~~CREMATORY~~: FRIENDSHIP | LOCATION (City, town, or county) (State): FRIENDSHIP, A.A.Co. MD

DATE REC'D BY LOCAL REG.: Mar. 16. 53 | REGISTRAR'S SIGNATURE: J. B. Dent

24. FUNERAL DIRECTOR ADDRESS: HARDESTY FUNERAL HOME GALESVILLE, MD.

VS-115

10 - 66435

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02532

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Davidsonville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD COUNTY A A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Davidsonville.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) THOMAS (Middle) DANIEL (Last) PINDELL

4. DATE OF DEATH: (Month) MARCH (Day) 7 (Year) 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Colored	Married	April 1 1871	81 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Farm laborer	Tobacco farming	Davidsonville Md.	

13. FATHER'S NAME: James Pindell

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

4/1X

Immediate cause (a) Broncho pneumonia — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) — DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH: Approx 2wk.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Senility, arteriosclerosis.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-21, 1953, to 3-7, 1953 that I last saw the deceased alive on Mar 7, 1953, and that death occurred at 4:30 Pm., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Faye W. Allen M.D. 10 Carroll St 3-9-53

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/10/53	Davidsonville	Davidsonville Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
March 10, 1953	Edward Coleman	Hardesty Funeral Home	Edgewood Md

RECEIVED
MAR 12
RETRAIN W E

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 002533

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
LENGTH OF STAY (in this place): 4 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland
COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
STREET ADDRESS (Number and Street or Location): St. Mary's Rectory, Duke of Gloucester Street

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Patrick F. (Last) RICE

4. DATE OF DEATH: (Month) March (Day) 12 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: Caucasian

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: January 6, 1908

9. AGE last birthday: 45 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Priest

10b. KIND OF BUSINESS OR INDUSTRY: Catholic Church

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Michael RICE

14. MOTHER'S MAIDEN NAME: Margaret MC CARTAN

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes
(If Yes, give war or dates of service) WWII

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: Hospital records - USNH, Annapolis, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) INFARCTION OF HEART, MYOCARDIUM (420.1) — Interval Between Onset And Death: Immediate

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) CORONARY ARTERIOSCLEROSIS (420.1) — 5 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 13 NOV., 19 52, to 12 MAR., 19 53., that I last saw the deceased alive on 12 MAR., 19 53, and that death occurred at 3:05 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title): R.K. MOXON, LCDR MC USN
ADDRESS: U.S. Naval Hospital, Annapolis, Md.
DATE SIGNED: 3-13-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 3-16-53
NAME OF CEMETERY OR CREMATORY: St Mary's
LOCATION (City, town, or county) (State): Annapolis, Md

DATE REC'D BY LOCAL REGISTRAR: March 14, 1953
REGISTRAR'S SIGNATURE: [signature] B.W.

24. FUNERAL DIRECTOR: B.L. Hopkins & Son
ADDRESS: Annapolis, Md

VS. 415

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 053531

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Anne Arundel — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
LENGTH OF STAY (in this place): 1 Year
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Apartment L-3, USNA Annapolis, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Anne Arundel
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Annapolis
STREET ADDRESS (If rural, give location): Apartment L-3, USNA Annapolis, Maryland

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) Waller (Last) RODES

4. DATE OF DEATH: (Month) March (Day) 19 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: Caucasian

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 2 May 1899

9. AGE last birthday: 53 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: U.S. NAVY

10b. KIND OF BUSINESS OR INDUSTRY: CDR., USN

11. BIRTHPLACE (State or foreign country): Lexington, Kentucky

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William RODES

14. MOTHER'S MAIDEN NAME: Mary Ford HIGGINS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes
(If Yes, give war or dates of service): WWI & WWII

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Wife: Mrs. Edmonia A. RODES, Apt. L-3, USNA, ANNAPOLIS, MARYLAND

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) INFARCTION OF HEART MYOCARDIUM #420.1 — Interval Between Onset And Death: Immediate

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8 March 19 53, to 10 March, 19 53, that I last saw the deceased alive on 19 March, 19 53, and that death occurred at 12:45 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): R.K. MOXON, LCDR., MC, USN
ADDRESS: U.S. NAVAL HOSPITAL, ANNAPOLIS, MD.
DATE SIGNED: 19 March 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation
DATE THEREOF: March 19, 53
NAME OF CEMETERY OR CREMATORY: Lee Crematory
LOCATION (City, town, or county) (State): Washington, D.C.

DATE REC'D BY LOCAL REGISTRAR: March 19, 1953
REGISTRAR'S SIGNATURE: [signature] A.W.L.

24. FUNERAL DIRECTOR: Ben L. Hopping and Son
ADDRESS: Annapolis, Md.

VS. A15

RECEIVED
MAR 23 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]535

CERTIFICATE OF DEATH

Reg. Dist. No. ..

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
   COUNTY: A. A. County
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: English Consul
   MARYLAND LENGTH OF STAY (in this place):
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: 2812 Oak Grove Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
   STATE: Md. COUNTY: A. A.
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: English Consul
   STREET ADDRESS (If rural give location): 2812 Oak Grove Ave.

3. NAME OF DECEASED (Type or Print): (First) FREDERICKA (Middle) M. (Last) ROESCH

4. DATE OF DEATH: (Month) Mar. (Day) 22 (Year) 1953

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: Oct. 28, 1875

9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): packer

10b. KIND OF BUSINESS OR INDUSTRY: Cigars

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joseph Roesch

14. MOTHER'S MAIDEN NAME: Anna R. Schmidt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): – (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: English Consul, Md. Miss Anna M. Roesch – 2812 Oak Grove Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Cardiac Failure — Interval Between Onset And Death: 1 da

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Cerebrovascular Renal Disease — 5 yr
DUE TO (c) Arterio Sclerosis Generalized — 5 yr

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/12 ,19[illegible]8, to 3/22 , 1953, that I last saw the deceased alive on 3/22 , 1953, and that death occurred at 10:00 P.M. , from the causes and on the date stated above.

SIGNATURE (Degree or title): Joseph Lawrence Curtis MD ADDRESS: 679 Washington Blvd Baltimore DATE SIGNED: 3/24/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 3/25/53
NAME OF CEMETERY OR CREMATORY: Balto. Cem.
LOCATION (City, town, or county) (State): Balto., Md.

DATE RECD BY LOCAL REGISTRAR: 3/25/53
REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR: Wm. J. Dickener & Sons ADDRESS: Balto 17, Md.

Item 14 Film G152 3/17/53 whw

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

L 2536

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

1. PLACE OF DEATH: COUNTY Anne Arundel — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Shadyside — HOSPITAL OR INSTITUTION OR STREET ADDRESS — MARYLAND LENGTH OF STAY (in this place) 31 years

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY A A. — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Shadyside — STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Canter (Last) Sauerwein

4. DATE OF DEATH: (Month) March (Day) 10 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH: Feb 13

9. AGE last birthday: 79 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Baltimore City

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Henry Mayo Carter

14. MOTHER'S MAIDEN NAME: Mary Louise Hamlin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Mary Louise Wellerlyn

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cereberal metastasis — Interval Between Onset and Death: 2 days.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of rectum. — 11 mos.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-14, 1952, to 3-10, 1953, that I last saw the deceased alive on 3-10, 1953, and that death occurred at 11:15 p.m., from the causes and on the date stated above.

SIGNATURE: Elaine Linn Grant (Degree or title) M.D. — ADDRESS: Shady Side, Md. — DATE SIGNED: 3-11-53.

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation — DATE THEREOF: Mar 12-53 — NAME OF CEMETERY OR CREMATORY: Cedar Hill Cemetery — LOCATION (City, town, or county) (State): Suitland Md

DATE REC'D BY LOCAL REG.: Mar. 11 53 — REGISTRAR'S SIGNATURE: J. B. Dent

24. FUNERAL DIRECTOR: Hardesty Funeral Home — ADDRESS: Holly Springs Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 23

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY A.A. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Linthicum
LENGTH OF STAY (in this place) 5 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 507 W. Greenwood Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY A A
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) Taney Ave

3. NAME OF DECEASED: (Type or Print) (First) Emma (Middle) Lena (Last) Schreyer.

4. DATE OF DEATH: (Month) Mar. (Day) 14 (Year) 19 53

5. SEX: F.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: Nov. 10 1859

9. AGE last birthday: 93 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Wis -

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Hans Kaiser

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Gladys Armstrong (same)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 422.1

Immediate cause (a) Cardio-Vascular Disease — INTERVAL BETWEEN ONSET AND DEATH: 2 yr.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Arterio-Sclerosis — 10 yr.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Diverticulum of Oesophagus. Liv

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 19 49, to 3/14, 19 53, that I last saw the deceased alive on 3/14, 19 53, and that death occurred at 7:15 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Chas. L. Ball Jr. Linthicum 3/14/53

23. BURIAL, CREMATION, REMOVAL (Specify): DATE THEREOF 3-17-53 NAME OF CEMETERY OR CREMATORY Cedar Bluff LOCATION (City, town, or county) (State) Annapolis Md

DATE REC'D BY LOCAL REG. March 16, 1953 REGISTRAR'S SIGNATURE [illegible] FUNERAL DIRECTOR John M. Sayles Sons ADDRESS Annapolis Md

1952
93

RECEIVED
MAR 2023
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis | LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 315 Chester Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland Anne Arundel COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) 315 Chester Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Emily	Jane	Stevens	3/28/1953 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Female	Colored	Married	11/26/1907	45 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Store Clerk	Grocery Store	Arnold, A. A. Co. Maryland	

13. FATHER'S NAME: James Woods
14. MOTHER'S MAIDEN NAME: Louise Hintzman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No		---	John Stevens-315 Chester Ave. Annapolis Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Thrombosis	1 hr.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Insufficiency	1 yr.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from June 8, 1952, to March 28, 1953, that I last saw the deceased alive on 3/28, 1953, and that death occurred at 8:42 A.M. m., from the causes and on the date stated above.

SIGNATURE Theodore L. Johnson (Degree or title) M.D. ADDRESS 40 Northwest Street Annapolis Md. DATE SIGNED 3/31/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4/1/1953	Mt. Calvary Cemetery	Arnold, A. A. Co. Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
March 31, 1953	H. E. O'Connell (Deputy) B.W.	Ethel L. Hicks	45 Northwest St. Annapolis Md.

VS. A1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
APR 1 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Anne Arundel General

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location): 1949 West Street

3. NAME OF DECEASED: (First) Georgiana (Middle) Diggs (Last) Stewart
4. DATE OF DEATH: (Month) (Day) (Year) 3/16/1953 19
5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 12/9/1906
9. AGE last birthday: 46 yrs.
IF UNDER 1 YEAR: Months — Days —
IF UNDER 24 HRS.: Hours — Min. —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook
10b. KIND OF BUSINESS OR INDUSTRY: None Private family
11. BIRTHPLACE (State or foreign country): Anne Arundel Co. Maryland
12. CITIZEN OF WHAT COUNTRY? -------
13. FATHER'S NAME: Thomas Diggs
14. MOTHER'S MAIDEN NAME: Carrie Butler
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No
(If Yes, give war or dates of service) -------
16. SOCIAL SECURITY NO.: 215-32-0071
17. INFORMANT & ADDRESS: Glendola Brown-1949 West St. Annapolis, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
33IX
Immediate cause (a) Cerebral hemorrhage — DUE TO — Interval Between Onset and Death: 3 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) hypertensive vascular disease — DUE TO — 7 yrs
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/16/53, 19..., to 3/16/53, 19..., that I last saw the deceased alive on 3/16/53, 19..., and that death occurred at 3:45 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) J. Bosnick M.D. ADDRESS Annapolis Md DATE SIGNED 3/17/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 3/19/1953 — NAME OF CEMETERY OR CREMATORY: Flower's Chapel Cemetery — LOCATION (City, town, or county) (State): Best Gate-Nr. Annapolis, Md

DATE REC'D BY LOCAL REG. March 19, 1953 — REGISTRAR'S SIGNATURE [signature] D.W. — 24. FUNERAL DIRECTOR ADDRESS: Ethel L. Hicks-45 Northwest St. Annapolis Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (2540

CERTIFICATE OF DEATH

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pasadena, (Rural)
LENGTH OF STAY (in this place) 4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Midway & Alfred Ave High Point

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pasadena, (Rural)
STREET ADDRESS (If rural give location) Midway & Alfred Ave, High Point.

3. NAME OF DECEASED: (Type or Print) (First) Raymond (Middle) Q. (Last) Trent
4. DATE OF DEATH: (Month) March (Day) 15 (Year) 1953
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M.
8. DATE OF BIRTH: July 8, 1903
9. AGE last birthday: 49 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Owner
10b. KIND OF BUSINESS OR INDUSTRY: Restaurand & Tavern
11. BIRTHPLACE (State or foreign country): North Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME: Edwin B. Trent, Sr.
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) Aug. 17, 1942-Jan 9, 1943
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT & ADDRESS: Raymond O. Trent, Jr, High Point, Pasadena P.O., Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

156.1 Immediate cause (a) Carcinoma Liver
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b)
DUE TO
(c)
260.1

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1952 to Feb, 1953, that I last saw the deceased alive on Feb 2, 1953, and that death occurred at 5:30 P.M. from the causes and on the date stated above.
SIGNATURE (Degree or title) C.R. MacDonald ADDRESS 204 Crain Hwy Glen Burnie DATE SIGNED 3-15-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 3/18/53 — NAME OF CEMETERY OR CREMATORY Baltimore National — LOCATION (City, town, or county) (State) Baltimore, Md.
DATE REC'D BY LOCAL REGISTRAR 3/17 — REGISTRAR'S SIGNATURE L. J. DeAlba — 24. FUNERAL DIRECTOR R.V. Singleton — ADDRESS Glen Burnie, Md.

RECEIVED
MAR 19 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

62541

Reg. Dist. No.

1098

The correct age

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. This is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pasadena (Rural) — LENGTH OF STAY (in this place) 4 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pasadena (Rural)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 5, Box 500	STREET ADDRESS (If rural, give location) Route 5 Box 500

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Katherine	Margeret	Tydings	March	11	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W	Married	January 15 1910	43 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Office Clerk (Retired)	Lord Baltimore Hotel	Hagerstown Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
(Unknown) Brannon	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
	Unknown	Walter J. Tydings

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Occlusion — Interval between onset and death: Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Gustave B. Faehnle M.D.	Deputy Medical examiner	Glen Burnie, Md.	3/14/53

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	March 16, 1953	Baltimore National	Baltimore	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/16	T. J. DeAlba	R V Singleton	Glen Burnie Md

VS/A1BA

RECEIVED
MAR 19 1953

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

02542

Reg. Dist. No. .....

PLEASE WRITE PLAINLY. WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY ANNE-ARUNDEL MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Point Pleasant. | LENGTH OF STAY (In this place) +
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pt. Pleasant Road.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN do
STREET ADDRESS (If rural, give location) ROUTE 2 Box 275

3. NAME OF DECEASED (Type or Print): (First) Anna (Middle) (A) (Last) Skarlowski.
4. DATE OF DEATH: (Month) (Day) (Year) June 6 - 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
F.	W.	Married	1885	68 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Poland.
12. CITIZEN OF WHAT COUNTRY? Poland

13. FATHER'S NAME: John Sito
14. MOTHER'S MAIDEN NAME: ? MARYANNA STOPA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Frank Waclawski - Pt Pleasant Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause	(a) Coronary Occlusion	sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) General arteriosclerosis	?
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Gustav K. Faucher M.D.	Deputy Medical Examiner	Edgewood Beach, Md.	3/7/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/10/53	St. STANISLAUS	1300 Dundalk ave

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/9/53	A.W. Hedrick	George R. Weber	745 S. Ann St

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02543

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Westminster Route 5
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS " "

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Woodsdale Rural
STREET ADDRESS (If rural give location) "

3. NAME OF DECEASED: (Type or Print) (First) Lemuel (Middle) C. (Last) Warren

4. DATE OF DEATH: (Month) (Day) (Year) March 14th 1953

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married | 8. DATE OF BIRTH: July 5th 1900 | 9. AGE Last birthday: 52 yrs. | IF UNDER 1 YEAR: Months Days | IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Farmer | 10b. KIND OF BUSINESS, OR INDUSTRY: Farming | 11. BIRTHPLACE (State or foreign country) Carroll County Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Elmer Warren | 14. MOTHER'S MAIDEN NAME: Maud Kerr

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) World War I | 16. SOCIAL SECURITY NO.: | 17. INFORMANT & ADDRESS: Ella Beck Warren

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) ..... DUE TO

(c)

Interval Between Onset And Death: 2

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19 51, to ....., 19 53, that I last saw the deceased alive on Jan. ....., 19 53, and that death occurred at home ....., from the causes and on the date stated above.

SIGNATURE (Degree or title) T. G. LeCrecdo, M.D. | ADDRESS Arnold Md | DATE SIGNED March 16, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 3/19/1953 | NAME OF CEMETERY OR CREMATORY Loudon Park | LOCATION (City, town, or county) Baltimore | (State) Maryland

DATE REC'D BY LOCAL REGISTRAR 3/17/53 | REGISTRAR'S SIGNATURE a w Hedrick | 24. FUNERAL DIRECTOR J. Pilkington & Son | ADDRESS Westminster

VS. A15 (1)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]541

CERTIFICATE OF DEATH

Reg. Dist. No. 27

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Fort George G Meade
LENGTH OF STAY (in this place) 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS US Army Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE No. Dakota) Md. COUNTY Ramsey
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (Lawton) Baltimore
STREET ADDRESS (If rural give location) RFD 516 E. 41st (see birth cer)

3. NAME OF DECEASED: (Type or Print) (First) Rockne (Middle) James (Last) Wencil

4. DATE OF DEATH: (Month) March (Day) 25 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): newborn

8. DATE OF BIRTH: 25 March 1953

9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 1

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Vincent James Wencil

14. MOTHER'S MAIDEN NAME: Marilyn Margaret Kuball

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Vincent J Wencil 89 A'A Bn., Fort George G Meade, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) ANOXEMIA — DUE TO — Interval Between Onset And Death: 1 MIN.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) PROLAPSE OF UMBILICAL CORD — DUE TO — 5 MIN.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 25 MAR 1953, to 25 MAR, 1953, that I last saw the deceased alive on 25 MAR 1953, and that death occurred at 4:49 AM., from the causes and on the date stated above.

SIGNATURE (Degree or title) Herman H Rosenberg Capt MC — ADDRESS USAH Ft Meade, Md. — DATE SIGNED 25 MAR 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 25 March 53 — NAME OF CEMETERY OR CREMATORY Post Cemetary — LOCATION (City, town, or county) (State) Fort George G Meade, Md.

DATE REC'D BY LOCAL REGISTRAR 25 Mar 53 — REGISTRAR'S SIGNATURE Arthur J McIntosh Capt MSC

24. FUNERAL DIRECTOR — ADDRESS HIRAM W TROSTEL Chaplain Ft G.G.Meade, Md

VS A15

20-32213 16

RECEIVED
MAR 27 1953
BUREAU V. S.

Item 9 FilmG153 4/16/53 whw

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1545

Reg. Dist. No. 22

1. PLACE OF DEATH: COUNTY ANNE-ARUNDEL MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel; LENGTH OF STAY (in this place) 6 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS District Training School

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington COUNTY D. C; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington. D. C.; STREET ADDRESS (If rural, give location) 1124 Neal Street N.E

3. NAME OF DECEASED (Type or Print): (First) Esther. (Middle) Alice (Last) Wolson

4. DATE OF DEATH: (Month) 3 (Day) 14 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 6-22-1942

9. AGE last birthday: 10 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Invalid

10b. KIND OF BUSINESS OR INDUSTRY: NONE.

11. BIRTHPLACE (State or foreign country): Washington. D. C

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Calvin Wolson

14. MOTHER'S MAIDEN NAME: Miriam Griffin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT AND ADDRESS: Rec. D.T.S. + Staff Physician - Laurel, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary emphysema	3 years +
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Bronchitis Chronic - unspecified	Life -
	(c) Spastic Quadruplegia - Scoliosis of Spine	Life
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Mental Deficiency (Idiot)	Life

19a. DATE OF OPERATION; 19b. MAJOR FINDINGS OF OPERATION; 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify); PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.; INJURY OCCURRED While at Work ☐ Not While At work ☐; HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-13, 19 49, to 3-14, 19 53, that I last saw the deceased alive on 3-14, 19 53, and that death occurred at 1:45 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

B Sandler M.D. Med. Officer D.T.S. Laurel 3/14/53.

23. BURIAL, CREMATION, REMOVAL (Specify); DATE THEREOF; NAME OF CEMETERY OR CREMATORY; LOCATION (City, town, or county) (State)

Mar 19-53 Potter's Field Washington D. C.

DATE REC'D BY LOCAL REG.; REGISTRAR'S SIGNATURE; 24. FUNERAL DIRECTOR; ADDRESS

Mar 16-53 Dora Goodrich Rev. Jesse McCoy Pearson 306 L. nw

VS. A-5

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Item 7 Film 3152 4/2/53 whw

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY Anne Arundel — MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Annapolis

LENGTH OF STAY (in this place) 2 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel Co. Gen'l. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Anne Arundel

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Severn (Rural)

STREET ADDRESS (If rural, give location) New Cut Road

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Mary	E.	Wheeler	March	24	1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
	W	Married	March 23, 1880	73 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housework (ret.)	Own Home	Anne Arundel Co., Maryland	U. S. A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Joshua Watts	Mary (Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	—	None	Clinton Wheeler New Cut Rd., Severn (Rural)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause	(a) Coronary occlusion	1 hr
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Arteriosclerotic vascular disease	10 yrs
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Last, 19 53, to Mar 24, 19 53, that I last saw the deceased alive on Mar 24, 19 53, and that death occurred at 10 35 A.m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
S. Bernard M.D.		Annapolis MD	3/24/53

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	March 27 1953	Glen Haven Mem. Park	Glen Burnie	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3-30-53	Howard Beard	P. V. Singleton	Glen Burnie, Md.

3/26/53 L. J. Dillon M.D.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:
COUNTY A. A. Co. MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Annapolis General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY A. A. Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) 300 Burnside Ave. Eastport

3. NAME OF DECEASED: (Type or Print) (First) Helen (Middle) W. (Last) White

4. DATE OF DEATH: (Month) (Day) (Year) March 13/53 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Feb. 10, 1885

9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Bernard Vogel

14. MOTHER'S MAIDEN NAME: Charlotte----

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Louis White, 3328 Bayonne Ave. Balto. 14, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.0

Immediate cause (a) Myocardial Infarction, acute — INTERVAL BETWEEN ONSET AND DEATH: 1 day

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Arteriosclerotic Heart Disease — 2 yrs.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1, 19 53, to Mar. 13, 19 53, that I last saw the deceased alive on Mar. 13, 19 53, and that death occurred at 11:35 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

James A. Martin M.D. Annapolis, Md. 3-13-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF Mch. 16/53

NAME OF CEMETERY OR CREMATORY Landon Pk.

LOCATION (City, town, or county) (State) Balto. Co. Md.

DATE REC'D BY LOCAL REG. 3/16/53

REGISTRAR'S SIGNATURE C.W. Hodgins

24. FUNERAL DIRECTOR ADDRESS Harry T. Nuttle, 4101 Edmondson Ave.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (2548)

CERTIFICATE OF DEATH

Reg. Dist. No. ... .

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: Crownsville State Hosp. COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville, Md. LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: 806 Harlem Ave, Balto STATE COUNTY
CITY OR TOWN Baltimore
STREET ADDRESS (If rural give location) 808 Harlem Ave

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Arthur (Last) White
4. DATE OF DEATH: (Month) 3 (Day) 24 (Year) 1953

5. SEX:	6. COLOR OR RACE:	7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
M	negro	M	6/16/1893	60 yrs.		

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Dentist
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): N. Carolina
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Daniel P. White
14. MOTHER'S MAIDEN NAME: Sarah (no other information)

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) unk. (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Hospital record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

443x
Immediate cause (a) ... DUE TO Hypertensive cardio-vascular disease

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) ... DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/18, 19 53, to 3/24, 19 53, that I last saw the deceased alive on 3/24, 19 53, and that death occurred at 6:30 pm, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Arnold H. Eichel M.D.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 3/28/53
NAME OF CEMETERY OR CREMATORY Arbutus Memorial Park
LOCATION (City, town, or county) (State) Balto. Co., Md.

DATE REC'D BY LOCAL REGISTRAR 3/29/53
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR Charles R. Law
ADDRESS 802 Madison Ave.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (0549)

CERTIFICATE OF DEATH

Reg. Dist. No. 28

1. PLACE OF DEATH:
COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville
LENGTH OF STAY (In this place) 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: Somerset
STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dames Quarters
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) James (Middle) G. (Last) White
4. DATE OF DEATH: (Month) 3 (Day) 18 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widower
8. DATE OF BIRTH: 1871?
9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Unknown
10b. KIND OF BUSINESS OR INDUSTRY: Unk.
11. BIRTHPLACE (State or foreign country): Unknown
12. CITIZEN OF WHAT COUNTRY? ?

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk. (If Yes, give war or dates of service) — — —
16. SOCIAL SECURITY NO.: — — — — — —
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

491X
Immediate cause (a) Bronchopneumonia — Interval Between Onset And Death: 8 days
DUE TO

Antecedent causes (s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility — Known to us since adm.

19a. DATE OF OPERATION: — — — —
19b. MAJOR FINDINGS OF OPERATION — — — — — — — — — — — — — — — — —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — — —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — — — —
(CITY OR TOWN) (COUNTY) (STATE) — — — — — — — — — —
TIME OF INJURY (Month) (Day) (Year) (Hour) — — — — — — — m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? — — — — — — — — — — — — — —

22. I hereby certify that I attended the deceased from 3/6, 1953, to 3/18, 19 53 that I last saw the deceased alive on 3/18, 19 53, and that death occurred at 10:10 p.m., from the causes and on the date stated above.
SIGNATURE (Degree or title): Arnold H. Tichnell, M.D.
ADDRESS: Crownsville, Md.
DATE SIGNED: 3/18/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 3/22/53
NAME OF CEMETERY OR CREMATORY: Dames Quarters
LOCATION (City, town, or county): Somerset
(State): Md.

DATE REC'D BY LOCAL REGISTRAR: March 19, 1953
REGISTRAR'S SIGNATURE: K. M. Joe
24. FUNERAL DIRECTOR: J. B. Johnson
ADDRESS: Annapolis

2

VS. 415

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 24
BURE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

(2550)

Reg. Dist. No. 21

1. PLACE OF DEATH
COUNTY Anne Arundel — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Homewood Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) Chase Home

3. NAME OF DECEASED (Type or Print): (First) Nellie (Middle) Virginia (Last) Wilmer

4. DATE OF DEATH: (Month) March (Day) 17 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. ~~SINGLE, MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH: 12-10-1879

9. AGE last birthday: 74 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Henry P. Banks

14. MOTHER'S MAIDEN NAME: Hannah Taylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Henry B. Wilmer, 3049 Clinton St NE, Washington, D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Uraemia	2 days.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Ca. Myocarditis + Valvular Heart Dis.	several yrs.
	(c) Sub Acute Pulmonary Hypo Stasis	several m.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 19th, 1952, to Mch 17th, 1953, that I last saw the deceased alive on Mch 17th, 1953, and that death occurred at 11 a m., from the causes and on the date stated above.

SIGNATURE: J. Oliver Pereira (Degree or title) M.D. ADDRESS: 40 Franklin St, Annapolis Md. DATE SIGNED: 3/18/53

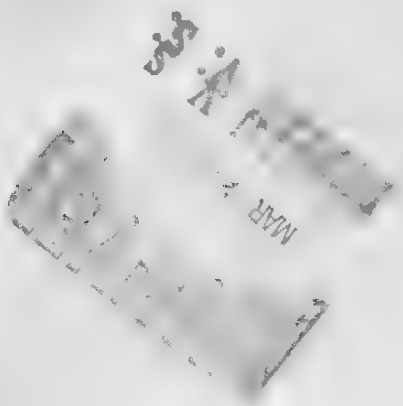
23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) — DATE THEREOF: 3-20-1953 — NAME OF CEMETERY OR CREMATORY: Ft. Lincoln — LOCATION (City, town, or county) (State): Prince George Co. Md.

DATE REC'D BY LOCAL REG.: March 18, 1953 — REGISTRAR'S SIGNATURE: H. W. Wilmer — 24. FUNERAL DIRECTOR: John B. Taylor + Son — ADDRESS: Annapolis, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

12551

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH: COUNTY A A. MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS A A. General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY A A; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis; STREET ADDRESS (If rural, give location) 526 Fifth St.

3. NAME OF DECEASED (Type or Print): (First) JOHN. (Middle) F. (Last) WISNER

4. DATE OF DEATH: (Month) 3- (Day) 15- (Year) 1953

5. SEX: Male

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED: Married

8. DATE OF BIRTH: July 26-1882

9. AGE last birthday: 70 yrs. If under 1 year: Months; If under 24 hrs.: Days; Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lineman C+R TEL Co

10b. KIND OF BUSINESS OR INDUSTRY: Linesman

11. BIRTHPLACE (State or foreign country): Carroll Co Md.

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Noah Wisner

14. MOTHER'S MAIDEN NAME: Katherine Murdock

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Rose Ann Wisner Item 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0 Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: 2 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerosis Heart disease — Interval: Unknown

(c) Generalized Arteriosclerosis

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐:

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 19 52, to March 15, 19 53, that I last saw the deceased alive on March 15, 19 53, and that death occurred at 8 30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

George C. Bunt M. D. Annapolis Md 3-17-53

23. BURIAL, CREMATION, REMOVAL (Specify): | DATE THEREOF: 3-18-53 | NAME OF CEMETERY OR CREMATORY: St Mary's | LOCATION (City, town, or county): Annapolis (State): Md

DATE REC'D BY LOCAL REG.: March 18, 1953 | REGISTRAR'S SIGNATURE: H. C. Board | 24. FUNERAL DIRECTOR: John M. Doyle Sons ADDRESS: Annapolis Md.

H.W.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02552

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY ANNE ARUNDEL MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN LINTHICUM HEIGHTS
LENGTH OF STAY (in this place) 15 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 405 FOREST VIEW ROAD.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ANNE ARUNDEL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LINTHICUM HEIGHTS
STREET ADDRESS (If rural, give location) 405 FOREST VIEW RD.

3. NAME OF DECEASED: (Type or Print) (First) ETHEL (Middle) MAY (Last) WOOLLEN

4. DATE OF DEATH: (Month) (Day) (Year) MARCH 8 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: Dec 10, 1893

9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: WILLIAM NORRIS

14. MOTHER'S MAIDEN NAME: ELLA BRIMLINE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: MRS. DORIS LUTZ, 405 Forest View Rd Linthicum Hgts

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) 153x Inanition	2 mo
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Carcinoma of the colon	5 mo +
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 27, 1952, to March 8 1953, that I last saw the deceased alive on March 7, 1953, and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE C. Milton Luthieu (DEGREE OR TITLE) M.D. ADDRESS Luthieu Hgts Rd. DATE SIGNED March 8, 1953

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL

DATE THEREOF 3-11-53

NAME OF CEMETERY OR CREMATORY LOUDON PK. CEMETERY

LOCATION (City, town, or county) (State) BALTO. MD

DATE REC'D BY LOCAL REG. 3/10/53

REGISTRAR'S SIGNATURE O. A Hedrick

24. FUNERAL DIRECTOR ADDRESS Wm. J. Tichnor's Sons Inc. Balto Md

jr

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02553

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

1. PLACE OF DEATH: Anne Arundel — COUNTY — Balto — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN: Green Haven Pasadena
LENGTH OF STAY (in this place): 3 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Box-285-R.F.D. 3-

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md COUNTY: A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Greenhaven Pasadena Md
STREET ADDRESS (If rural give location): Greenhaven - Pasadena Md

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) C. (Last) ZINKAND

4. DATE OF DEATH: (Month) 3 (Day) 29 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, ~~MARRIED, WIDOWED, DIVORCED~~, (Specify):

8. DATE OF BIRTH: 2-18-80

9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Dock Repairer

10b. KIND OF BUSINESS OR INDUSTRY: City Harbor Board

11. BIRTHPLACE (State or foreign country): Baltimore

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Zinkand

14. MOTHER'S MAIDEN NAME: Sophia Sanders

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) no

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Anna Loftus - 405 S. Chapel St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0

Immediate cause (a) Congestive Heart Failure — Interval Between Onset And Death: 1 year

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis — Last Known

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 10, 1953, to Mar. 29, 1953, that I last saw the deceased alive on Mar. 28, 1953, and that death occurred at 9:35 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

R. M. McLaughlin M.D. Pasadena, Md. Mar. 29. 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 4-1-53 — NAME OF CEMETERY OR CREMATORY Holy Redeemer — LOCATION (City, town, or county) (State) Balto - Md

DATE REC'D BY LOCAL REGISTRAR 3/30/53 — REGISTRAR'S SIGNATURE W W Hedrick

24. FUNERAL DIRECTOR Kelly Zybrah — ADDRESS 403 S. Wolfe St.

VS. A15

JT